



OFFICE USE ONLY	
Received:	_____
Enrolled:	_____

SUMMER 2021 STUDENT REGISTRATION

CONTACT INFORMATION

Student Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female

Parent/Guardian Name: _____ Relationship to student: _____

Parent DOB: ____/____/____

Cell Phone: (____) _____ Home Phone: (____) _____

PRIMARY email: _____

How did you hear about the Ballet Austin Academy?

Website Attended Performance Current Student Digital Media Other _____

SELECT CLASS – please select the appropriate level

PB 6 PB 7
Level 1 Level 2

If there is a choice in days, circle the day(s) attending:

Mon. Tues. Wed. Thurs. Fri. Sat.

Time: _____

CREDIT/DEBIT CARD	
CC Number:	
CC Exp:	Security Code (CSC):

<p>Payment Information:</p> <p><u>Summer- 6 Weeks</u></p> <p>Pre Ballet: \$205</p> <p>Level 1: \$305</p> <p>Level 2: \$330</p> <p>The total tuition includes a \$50.00 non-refundable registration fee. If a child is withdrawn from the summer session by June 1, 2021, tuition will be refunded less the \$50.00. No refunds after June 1, 2021.</p>

_____ I am enrolling 2 or more children

Please read the **Liability/Waiver Release form carefully**. This is a release of liability and waiver of certain legal rights. A release is required for enrollment into the Academy. Print a [copy of the Liability/Waiver Release](#).

General Release. As the enrolled participant and/or the parent/guardian of the enrolled participant, I agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Ballet Austin Academy and hereby agrees to indemnify and hold harmless Ballet Austin, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of the Ballet Austin Academy. The participant also agrees to indemnify Ballet Austin for any damages incurred arising from any claims, demand, action or course of action by the participant.

Medical Treatment. The enrolled participant authorizes any representative of Ballet Austin to have the participant treated in any medical emergency during their participation in activities of the Ballet Austin Academy. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. Any special medical/health problems of which the staff should be aware will be submitted to the Academy Office before participation begins.

COVID-19 Warning. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The virus is thought to spread mainly from person-to-person, through respiratory droplets produced when an infected person coughs, sneezes, or talks.

Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death. Ballet Austin cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while utilizing Ballet Austin's services or premises.

COVID-19 Release. I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize Ballet Austin's services and enter Ballet Austin's premises. I release and waive my right to bring suit against Ballet Austin and its officers, directors, managers, officials, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Ballet Austin's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

By signing below, I further agree to perform this checklist daily on the enrolled participant and WILL STAY HOME if the answer is yes to any of the following:

1. Are you, or anyone in your household, exhibiting flu-like symptoms (coughing, sneezing, shortness of breath)?
2. Within the past 14 days, have you, or anyone in your household, come into contact with someone who has tested positive for COVID-19?
3. Within the past 24 hours, have you, or anyone in your household, had a temperature of 100.4 degrees or higher?

Photograph/Likeness/Videotape Release.

As the enrolled participant and/or the parent/guardian of the enrolled participant, I authorize Ballet Austin, Inc. and/or its representative, agent, or employee to photograph and/or videotape and use any photograph/likeness of me or my minor child for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the Directors.

Parent or Guardian (Student if over 18) Signature: _____ Date: _____