



<u>OFFICE USE ONLY</u>
Received: _____
Enrolled: _____

2021 OUTDOOR PAVILION FALL SESSION STUDENT REGISTRATION

Questions on placement should be directed to the Academy Office at 512.501.8703

BA@J Outdoor Fall Session will take place at the JCC Outdoor Pavilion

CONTACT INFORMATION

Student Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ___ / ___ / _____ Age: _____

Gender: ___ Male ___ Female ___ Decline to State

Parent/Guardian Name: _____

Parent DOB: ___ / ___ / _____ Cell 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; Class is determined by age as of September 1, 2021.

Next Steps 2 yrs	9:00 - 9:45 am
Creative Dance 3 yrs	10:00-10:45am
Creative Dance 4 yrs	11:00 - 11:45 am
Creative Ballet 5 yrs	12:00 - 12:45pm

September 11 - December 12, 2021
(13-week session) Thanksgiving week
Holiday - November 28

Circle your preferred day:

Saturday OR Sunday

PAYMENT INFORMATION

Ballet Austin accepts one of two payment options (Choose only 1). Tuition rates include all registration fees and deposits. The first installment amount is considered a non-refundable deposit, regardless of payment option (Pay in Full or Installment Plan).

_____ Pay in Full Tuition - for the Fall 2021 Outdoor September 11 - December 12 (13-week session) - \$395

TO PAY BY CREDIT/DEBIT

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

Payment Policies & Procedures

I have read and agree to all Ballet Austin Academy Policies and Procedures here and posted on the website. I authorize Ballet Austin to process all tuition payments and fees, and will be responsible for any additional payments (if applicable). Tuition/fees for the 2021 Fall session will be paid in full on or before December 1, 2021.

Tuition is to be paid in full by December 1, 2021 - any outstanding balance after this date will be automatically charged.

Credit/Debit Card Decline fee is \$10.00.

_____ I am enrolling 2 or more children into the Academy.

Parent or Guardian Initial: _____

YOUR DONATION MAKES A DIFFERENCE AND KEEPS US MOVING

Thank you for being a part of the Ballet Austin family and for your involvement over the last year. As a non-profit organization, we are dedicated to the fulfillment of our mission to produce work for the stage, to develop young artists, and to make our performances, educational initiatives, and health and well-being programs financially accessible through philanthropic subsidy and support. As we work to rebuild after a challenging year, thank you for considering a tax-deductible gift. For more information, visit balletaustin.org/contribute.

I WOULD LIKE TO MAKE A ONE-TIME GIFT OF:

\$25

\$50

\$100

\$250

Other: \$ _____

_____ I would like to pay in full with the credit card listed on this form.

_____ I have enclosed a separate check for my donation in full.

I WOULD LIKE TO MAKE A MONTHLY RECURRING GIFT* BY CREDIT CARD OF \$ _____

My company will match my donation. Please contact me for details.

*Monthly sustaining donations will be charged monthly until such time as the donor asks Ballet Austin to discontinue charges. Benefits will be renewed every 12 months as long as donation continues.

If you have any questions about your donation, please contact the Development Office at 512.476.9151, ext. 114. Ballet Austin is a 501(c)3 organization and all gifts are 100% tax deductible.

REQUIRED LIABILITY / WAIVER RELEASE

Student Name (s) _____ (PLEASE PRINT)

Parent or Guardian Name _____ (PLEASE PRINT)

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: