

OFFICE U	JSE ONLY
Received:	
Enrolled: _	

## 2023/24 STUDENT REGISTRATION

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

CONTACT INFORM	MATION						
Student Name:							
Address:			City:	Zip:			
Date of Birth:	_ / /	_	Age:				
Gender:	Male	Female	Decline to State				
Parent/Guardian Na	me:						
Parent DOE	: / /	Cell Pho	one: ( ) -				
PRIMARY Ema	il:						
How did you hear a	oout the Ballet Austin A	cademy?					
Website	Attended Performance	Current Stude	ent Digital Media	Other:			
SELECT CLASS - please select the appropriate level; Class is determined by age as of September 1, 2023.							
Dance w/ Me	PB 6	Level 4	If there is a choice in days	s, circle the day(s)			
Next Steps	PB 7	Level 5	attending:				
CD 3	Level 1	Level 6	Mon. Tues. Wed	d. Thurs.			
CD 4	Level 2	Level 7	Fri. Sat.	Sun.			
CB 5	Level 3	Level 8	Time:				
Во	ys Scholarship						

## **PAYMENT INFORMATION**

Ballet Austin accepts one of two payment option and deposits. The first installment amount is cor option (Pay in Full or Installment Plan).		•		
Pay in Full Tuition - for the 2023/24	school year			
Installment Plan - First payment ma scheduled on an automatic paymen			dit card. All remaining payments wil	l be
TO PAY BY CREDIT/DEBIT	Autom	atic Payment Po	licies:	
CREDIT/DEBIT CARD  CC Number:  CC Exp: Security Code (CSC):	R€		is charged at time of enrollment. ents are charged the 1st of each	
Payment Policies & Procedures		0 0	nay be adjusted dependent on	
I have read and agree to all Ballet Austin Academy Po	olicies In:	stallment plans inc	clude a \$35 payment plan fee.	
and Procedures here and posted on the website. I understand that tuition is an annual tuition and if pay out, installments are charged on the 1st of each mon authorize Ballet Austin to process all tuition payment	th. I	Tuition is to be paid in full by May 1, 2024 - any outstanding tuition balance after this date will be automatically charged.		
fees, and will be responsible for any additional payme applicable). Tuition/fees for the 2023/24 School Year	ents (if Cr	edit/Debit Card D	ecline Fee is \$10.00.	
paid in full on or before May 1, 2024.		I am enrolling 2 or more chilren into the Academy.		y.
		Par	rent or Guardian Initial:	
YOUR DONATION MAKES A DIFFERENCE AND KEE	EPS US MOVIN	G		
Thank you for being a part of the Ballet Austin fam organization, we are dedicated to the fulfillment o artists, and to make our performances, educationa accessible through philanthropic subsidy and supp considering a tax-deductable gift. For more inform	f our mission to al initiatives, and port. As we work	produce work fo health and well- to rebuild after a	or the stage, to develop young being programs financially a challenging year, thank you for	
I WOULD LIKE TO MAKE A ONE-TIME GIFT OF:				
\$25 \$50 \$100	\$2	250	Other: \$	

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

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.

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.

## RE

EQUIRED LIABILITY / WAIVER RELEASE	
Student Name (s)(PLEAS	SE PRINT)
Parent or Guardian Name (PLEAS	SE PRINT)
ease read the Liability/Walver Release form carefully. This is a release of liability and walver of certain legal rights. A quired for enrollment into the Academy. Print a copy of the Liability/Walver Release.	release is
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 training including but not limited to serious physical injury. The participant hereby agrees to participate in activities Ballet Austin Academy and hereby agrees to indemnify and hold harmless Ballet Austin, its instructors, officers, direagents and employees against any liability resulting from any injury that may occur to the participant while participactivities of the Ballet Austin Academy. The participant also agrees to indemnify Ballet Austin for any damages incurarising from any claims, demand, action or course of action by the participant.	s of the ectors, pating in
Medical Treatment. The enrolled participant authorizes any representative of Ballet Austin to have the participant in any medical emergency during their participation in activities of the Ballet Austin Academy. Further, the participation parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. special medical/health problems of which the staff should be aware will be submitted to the Academy Office befor participation begins.	ant Any
<u>COVID-19 Warning</u> . The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World He Organization. COVID-19 is reported to be extremely contagious. The virus is thought to spread mainly from person, through respiratory droplets produced when an infected person coughs, sneezes, or talks. There is no know treatment, cure, or vaccine for COVID-19.	n-to-
Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death. Balle 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 accrisk of contracting COVID-19 for myself and/or my children in order to utilize Ballet Austin's services and enter Ball Austin's premises. I release and waive my right to bring suit against Ballet Austin and its officers, directors, manager officials, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COV related to utilizing Ballet Austin's services and premises. I understand that this waiver means I give up my right to be claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.	let rs, VID-19 oring any
By signing below, I further agree to perform this checklist daily on the enrolled participant and WILL STAY HO the answer is yes to any of the following:	OME if
<ul> <li>Are you, or anyone in your household, exhibiting flu-like symptoms (coughing, sneezing, shortness of br</li> <li>Within the past 24 hours, have you, or anyone in your household, had a temperature of 100.4 degrees or higher?</li> </ul>	
3 Within the past 24 hours, have you, or anyone in your household, tested positive for COVID-19?	
Photograph/Likeness/Videotape Release.  As the enrolled participant and/or the parent/guardian of the enrolled participant, I authorize Ballet Austin, Inc. and representative, agent, or employee to photograph and/or videotape and use any photograph/likeness of me or my child for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason appropriate by the Directors.	minor

Parent or Guardian (Student if over 18) Signature:

Date: