



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

2023/24 STUDENT REGISTRATION

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

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, 2023.

Dance w/ Me CB 5

Next Steps PB 6

CD 3 PB 7

CD 4

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

Mon. Tues. Wed. Thurs.

Sat. Sun.

Time: _____

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 2023/24 school year

_____ Installment Plan - First payment may be made by cash, check or credit card. All remaining payments will be scheduled on an automatic payment schedule (See policies below).

TO PAY BY CREDIT/DEBIT

Automatic Payment Policies:

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

The first installment is charged at time of enrollment.

Remaining installments are charged the 1st of each month beginning September.

This schedule may be adjusted dependent on enrollment date.

Installment plans include a \$35 payment plan fee.

Tuition is to be paid in full by May 1, 2024 - any outstanding tuition balance after this date will be automatically charged.

Credit/Debit Card Decline Fee is \$10.00.

Payment Policies & Procedures

I have read and agree to all Ballet Austin Academy Policies and Procedures here and posted on the website. I understand that tuition is an annual tuition and if paying it out, installments are charged on the 1st of each month. 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 2023/24 School Year will be paid in full on or before May 1, 2024.

_____ 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-deductable 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.

Drop off or mail to: Ballet Austin, 501 West 3rd Street, Austin, TX 78701 / Email to: registrar@balletaustin.org

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. There is no known treatment, cure, or vaccine for COVID-19.

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 24 hours, have you, or anyone in your household, had a temperature of 100.4 degrees or higher?
- 3 Within the past 24 hours, have you, or anyone in your household, test 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/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:

Shalom Austin - Liability Waiver

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISK

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISK

THIS IS A LIABILITY RELEASE AND A BINDING CONTRACT. BY SIGNING THIS AGREEMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS. YOU ARE RELEASING SHALOM AUSTIN AND ITS EMPLOYEES FROM LIABILITY FOR POTENTIAL CLAIMS RELATED TO USING THE FACILITIES AND/OR PROGRAMS. PLEASE READ THIS CAREFULLY.

In consideration of the opportunity to use Shalom Austin's facilities, services, and programs, with or without supervision, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, for myself, and on behalf of my minor children which I may enroll in programs, my heirs, executors, next of kin, successors in interest, guardians, legal representatives, assigns, and administrators, do agree as follows:

1. I acknowledge and understand that I am using Shalom Austin's facilities, equipment, services, and programs AS IS, and acknowledge and understand that NO WARRANTIES are being extended to me with respect to any aspect of my use of the facilities, equipment, services, and programs.
2. I am aware that there are risks involved in all aspects of educational and recreational programming, physical training, exercise equipment, swimming pools or saunas, and gymnasium offered by Shalom Austin. These risks could include serious injury or death, whether due to my own negligence or due to the negligence of others.
3. I agree and understand that enrolling and participating in education and recreational programs, and the use of facilities, equipment, and services is voluntary and that if I am not willing to acknowledge the risk and agree not to sue, I may not enroll in education and or recreational programs or use the facilities, equipment, and services.
4. I willingly assume full responsibility for the risks arising out of the enrollment in educational or recreational activities, for me or my minor children, and arising out of our use of the facilities, equipment, and services. I accept full responsibility for any injury or death that may result from participation in any activity, service, program, or

class while at Shalom Austin or which may result while participating in any activity under the direction of any representative of Shalom Austin. I acknowledge that neither I or my minor children have physical impairments or illnesses that will endanger us or others.

5. EXERCISE MAY BE STRENUOUS. SEE A DOCTOR BEFORE STARTING ANY EXERCISE PROGRAM. I understand that the activities available at the Shalom Austin may involve strenuous physical activity and that a medical evaluation from my own physician is advisable before participating in any fitness program. I understand that neither Shalom Austin, its staff, or contractors, are medical providers and therefore, I should see a medical provider of my own choosing before participating in any fitness program, class, activity or program at Shalom Austin. I recognize, appreciate and understand the danger of physical stress, strain or injury that may result from any activity that requires physical exertion and accept these risks. I declare that I have completed a the medical questionnaire as required by Shalom Austin and that I, or my children, are physically able to participate in physical activity. I have obtained medical clearance to respond to any of the medical history questions, or I am of the firm conviction that I and my minor children are physically capable of pursuing physical activity medical clearance and fully accept the consequences of my decision to do so.

6. I agree to abide by the rules of the JCC and Shalom Austin and will abide by the instructions of its staff and contractors.

7. WAIVER OF LIABILITY. ON BEHALF OF MYSELF, AND TO THE EXTENT PERMITTED BY LAW, ON BEHALF OF MY SPOUSE/DOMESTIC PARTNER, MY CHILDREN, MY PARENTS, GUARDIANS, HEIRS, NEXT OF KIN, PERSONAL REPRESENTATIVES, HEIRS AND ASSIGNS VOLUNTARILY AND FOREVER RELEASE AND DISCHARGE SHALOM AUSTIN, ITS OFFICERS AND AGENTS; COVENANT AND AGREE NOT TO SUE SHALOM AUSTIN, ITS OFFICERS, EMPLOYEES AND AGENTS; AND, I WAIVE, ANY CLAIMS, DEMANDS, ACTIONS, CAUSES OF ACTION, DEBTS, DAMAGES, LOSSES, COSTS, FEES, EXPENSES OR ANY OTHER LIABILITIES OR OBLIGATIONS OF ANY KIND OR NATURE, WHETHER KNOWN OR UNKNOWN, DIRECT OR INDIRECT; FOR ANY PERSONAL INJURIES, PROPERTY DAMAGE, ACCIDENTS OR DEATHS TO ME, MY SPOUSE/PARTNER, MY CHILDREN, OR MY PARENTS THAT MY ARISE PARTICIPATING IN EDUCATIONAL OR RECREATIONAL PROGRAMS OR WHILE USING SHALOM AUSTIN'S FACILITIES, EQUIPMENT OR SERVICE, INCLUDING, BUT NOT LIMITED TO ANY PERSONAL INJURIES, PROPERTY DAMAGE, ACCIDENTS OR DEATHS TO ME, MY SPOUSE/PARTNER, MY CHILDREN, MY PARENTS WHICH ARISE OUT OF, RESULT

FROM, OR ARE CAUSED BY ANY OTHER MEMBER, GUEST, OR OTHER PERSON EXPRESSLY INCLUDING ANY CLAIM ARISING OF THE NEGLIGENCE OF SHALOM AUSTIN, ITS STAFF OR EMPLOYEES. I SPECIFICALLY AGREE THAT, IF I (ON MY OWN BEHALF OR ON BEHALF OF ANOTHER, INCLUDING AN ESTATE) ASSERT A NEGLIGENCE CLAIM AGAINST SHALOM AUSTIN AND/OR BREACH MY AGREEMENT NOT TO SUE, I WILL PAY ALL REASONABLE FEES, INCLUDING ATTORNEYS' FEES, COSTS AND EXPENSES INCURRED BY THE SHALOM AUSTIN TO DEFEND (1) THE NEGLIGENCE CLAIM(S) AND (2) ALL OTHER CLAIMS BASED ON THE SAME FACTS AS THE NEGLIGENCE CLAIM(S).

8. I further agree that I WILL INDEMNIFY AND HOLD HARMLESS SHALOM AUSTIN, ITS MEMBERS, OPERATORS, LESSORS, LESSEES, OFFICERS, AGENTS, AND EMPLOYEES from any loss, liability, damages or cost of any kind that it may incur as the result of any injury to myself or to any member of my family to the extent released in paragraph 7 above.

9. I understand that Shalom Austin photographers may be present on campus at any time and at any event or program, and that those photographers may take photographs or video of me and/or my family for marketing purposes. I understand that it is my responsibility to notify the photographer and Shalom Austin employees if photos or video of my family or myself should not be used for Shalom Austin marketing purposes.

COVID-19 RELEASE AND WAIVER OF CLAIMS ADDENDUM

("Release")

I hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while participating in programs or making use of the Shalom Austin Jewish Community Center (JCC).

I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING SHALOM AUSTIN, ITS OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, INJURY AND DAMAGE, AS MORE FULLY

SET FORTH ABOVE, INCLUDING BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION TO THE COVID-19 VIRUS.

My signature below is a confirmation that I have read and fully understand and acknowledge the contents of the Release, that I am competent to sign this agreement in every potential capacity, and that I am voluntarily entering into this agreement and each term set forth above.

Name

Date

Signature

Dell Jewish Community Campus

CODE OF CONDUCT

Our code of conduct policies are set forth for the security and safety of staff, members and guests. All members and guests should abide by these guidelines at all times. Individuals or groups refusing to abide by the campus conduct policy may face disciplinary action, including the revocation of membership or campus privileges.

The Dell Jewish Community Campus is private property. The use of the campus grounds or buildings for any event, program, speech, or demonstration must be approved in advance by the [Department of Operations](#).

The following activities are prohibited anywhere on the Dell Jewish Community Campus:

- Any behavior that endangers the life, safety, or health of others
- Smoking of all types, including vaping and the use of electronic cigarettes
- Disrupting or interfering with normal campus operations or with the production, viewing, or enjoyment of any scheduled or approved campus event, program, service, or activity
- Disrupting, interfering, or blocking the flow of pedestrian or vehicle traffic without prior approval
- Using any electric, electronic, or mechanical device to amplify sound without prior approval
- The distribution of flyers, leaflets, booklets, hand-bills, or other literature without prior approval
- Carrying, holding, posting, hanging, or otherwise displaying signage, banners, posters, flags, exhibitions, and other forms of advertisement without approval
- Using offensive, vulgar, indecent, or abusive language in a public space
- Abusing or harassing others, or engaging in behaviors that are hostile, menacing, antagonizing, or threatening
- Using remotely controlled airplanes, drones, helicopters, gliders, or other unmanned aerial vehicle without approval
- Professional or commercial photography/videography anywhere on campus without approval

As a member or guest, you are expected to comply with any reasonable request from a staff person. You are expected to comply with that request in a respectful manner. If you have a concern regarding the request, a formal complaint may be filed at the Welcome Desk in the Sports and Fitness Lobby to be reviewed by the appropriate party. These forms are available at the Welcome Desk.

All members and guests should notify a staff person immediately upon witnessing inappropriate behavior by another member or guest.

Consumption of alcohol during official campus functions should be in moderation. Public intoxication is not acceptable on campus and violators will be removed from the property immediately and membership may be revoked based on staff or board recommendation.

All drivers should behave in a responsible and courteous manner. Texas traffic laws should be adhered to on campus. This includes limiting speed on campus to 10 miles per hour. A violation of this rule may cause termination of membership or access to campus. In addition, handicapped parking is provided strictly for those with appropriate tags. Failure to abide by this guideline may result in towing at the owner's expense.

Pursuant to Section 30.07, Penal Code (trespass by license holder with an openly-carried handgun), a person licensed under Subchapter H, Chapter 411, Government may not enter this property, the Dell Jewish Community Campus, with a handgun that is carried openly.

Name

Date

Signature