

OFFICE U	JSE ONLY
Received:	
Enrolled:	

# 2024/25 STUDENT REGISTRATION

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

	*Please check this	box if you are	a member of the De	ılı JCC		
CONTACT INFORMATIO	N					
Student Name:						
Address:			City:			Zip:
Date of Birth:/	/		Age:		_	
Gender:Ma	aleF	emale	Decline	to State		
Parent/Guardian Name:						
Parent DOB:	_ / /	Cell F	Phone: (		-	
PRIMARY Email:						
How did you hear about	the Ballet Austin Acad	demy?				
Website Att	tended Performance	Current St	udent Digi	tal Media		Other:
SELECT CLASS - please se	lect the appropriate le	vel; Class is de	etermined by age	as of Sep	tember 1	, 202 <b>4</b>
Dance w/ Me	CB 5		If there is a cattending:	choice in	days, cir	rcle the day(s)
Next Steps	PB 6		attorianig.			
CD 3	PB 7		Mon.	Tues.	Wed.	Thurs.
CD 4	Level 1			Sat.	Sun.	
			Time:			

# PAYMENT INFORMATION

deposits. The		-	-	n rates include all registration posit, regardless of payment o	
	Pay in Full Tuition - fo	or the 202 <b>4</b> /2 <b>5</b> school y	year .		
		t payment may be mad matic payment schedu		or credit card. All remaining pay elow).	ments will be
TO PAY BY CREDIT	/DEBIT		Automatic Paym	nent Policies:	
CREDIT/DEBI	T CARD		The first inst	allment is charged at time of enro	llment.
CC Number: CC Exp: Security Code (CSC):		Remaining installments are charged the 1st of each month beginning September.  This schedule may be adjusted dependent on enrollment date.  Installment plans include a \$40 payment plan fee.			
					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
Tuition is to be paid in full by May 1, 202 <b>5</b> - any outstanding tuition balance after this date will be automatically charged.					
applicable). Tui	e responsible for any ad tion/fees for the 202 <b>4</b> /2		Credit/Debit Card Decline Fee is \$10.00.		
paid in full on o	r before May 1, 202 <b>5</b> .		I am enrolling 2 or more chilren into the Academy.		
				Parent or Guardian Initial:	
Thank you for fulfillment of cand the encou	being a part of the Bal our mission to involve ragement of health ar	and strengthen our co ld well-being, accessib	non-profit organiz mmunity through le through philan	zation, we are dedicated to the the creation and experience of o thropic subsidy and support. Tha	
you for consid	ering a tax-deductible	gift. For more informa	tion, visit balletau	ıstin.org/contribute.	
I WOULD LIKE TO	MAKE A ONE-TIME	GIFT OF:			
\$25	\$50	\$100	\$250	Other: \$	-
	· -	h the credit card listed on the characteristics he characteristics.			
I WOULD LIKE TO	MAKE A MONTHLY R	ECURRING 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 Nam	ne	(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.

#### **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.

#### **Building Access**

- The Dell JCC utilizes a digital gate pass which Ballet Austin @ the J families will be provided with.
- Families will walk through the main entrance doors of the Dell JCC to sign in at the front desk.
- The dance studio is in the Community Hall building just beyond the courtyard with the playground.

## **Illness Protocols**

The City of Austin and Travis County have lifted all COVID-19 emergency rules and orders. All eligible students are strongly encouraged to get vaccinated and boosted for COVID-19. If a student is feeling ill, regardless of whether they are vaccinated for COVID-19, they should stay home and contact their medical provider. Ill students may return to normal activities when they are fever-free for at least 24 hours, without taking fever-reducing medication. Once students resume normal activities, they are encouraged to take additional prevention strategies for the next 5 days to curb disease spread, such as:

- · enhancing hygiene practices.
- wearing a well-fitting mask.
- keeping a distance from others, and/or getting tested for respiratory viruses.

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