



BALLETAUSTIN @ THE J

OFFICE USE ONLY	
Received:	_____
Enrolled:	_____

## 2025 SUMMER SESSION STUDENT REGISTRATION

\*Please check this box if you are a member of the Dell JCC

### 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

DWM (15 mos - 2)    Next Steps 2

CD3    CD4    CB5

PB 6    PB 7    Level 1

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

Tues    Wed.    Thurs.

Sat.    Sun.

### PAYMENT INFORMATION: Summer 6-Weeks

Dance With Me	\$200	CB 5:	\$200
Next Steps	\$200	Pre-Ballet:	\$210
CD 3 & 4:	\$200	Level 1:	\$315

The total tuition includes a \$50.00 non-refundable registration fee. If a child is withdrawn from the summer session prior to June 1, 2025, tuition will be refunded less the \$50.00. No refunds after June 1.

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

Parent or Guardian Initial: \_\_\_\_\_

## 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.

**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: \_\_\_\_\_