



OFFICE USE ONLY
Received: _____
Enrolled: _____

SUMMER 2025 STUDENT REGISTRATION

CONTACT INFORMATION

Student Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female Decline to State

Parent/Guardian Name: _____ Relationship to student: _____

Parent DOB: ____/____/____

Cell Phone: (____) _____ Home 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

Dance with Me Next Steps 2 Creative Dance 3
 Creative Dance 4 Creative Ballet 5

PB 6 PB 7
 Level 1 Level 2

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

Mon. Tues. Wed. Thurs. Sat. Sun.

Time: _____

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

<p>Payment Information:</p> <p><u>Summer- 6 Weeks</u></p> <p>Young Children’s Division: \$200</p> <p>Pre-Ballet Division: \$210</p> <p>Level 1: \$315</p> <p>Level 2: \$340</p> <p>The total tuition includes a \$50.00 non-refundable registration fee. If a child is withdrawn from the summer session by June 1, 2025, tuition will be refunded less the \$50.00. No refunds after June 1.</p>
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_____ I am enrolling 2 or more children

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

- Students will enter and exit the building through the main entrance on the corner of 3rd and San Antonio streets.
- Student access to the building is limited to 30 minutes prior to class.
- No early drop-off is available.
- Prompt pick-up at the conclusion of the student's day is required.

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: _____