

OFFICE U	JSE ONLY
Received:	
Enrolled:	

2025/26 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 Pho	one: () -		
PRIMARY Emai	l:				
How did you hear about the Ballet Austin Academy?					
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, 202 5					
Dance w/ Me	PB 6	Level 4	If there is a choice in days, circle the day(s) attending:	circle the day(s)	
Next Steps	PB 7	Level 5			
CD 3	Level 1	Level 6	Mon. Tues. Wed.	Thurs.	
CD 4	Level 2	Level 7	Fri. Sat. S	un.	
CB 5	Level 3	Level 8	Time:		
Воу	s Scholarship				

PAYMENT INFORMATION

Ballet Austin accepts one of two payment options (Cho and deposits. The first installment amount is considered option (Pay in Full or Installment Plan).	· · · · · · · · · · · · · · · · · · ·	
Pay in Full Tuition - for the 2025/ 2 6 school	l year	
Installment Plan - First payment may be ma scheduled on an automatic payment sched	ade by cash, check or credit card. All remaining payments will dule (See policies below).	b
TO PAY BY CREDIT/DEBIT	Automatic Payment Policies:	
CREDIT/DEBIT CARD	The first installment is charged at time of enrollment.	
CC Number: CC Exp: Security Code (CSC):	Remaining installments are charged the 1st of each month beginning September.	
Payment Policies & Procedures	This schedule may be adjusted dependent on enrollment date.	
I have read and agree to all Ballet Austin Academy Policies and Procedures here and posted on the website. I	Installment plans include a \$40 payment plan fee.	
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 6 - any outstanding tuition balance after this date will be automatically charged.	
fees, and will be responsible for any additional payments (if applicable). Tuition/fees for the 202 5 /2 6 School Year will be	Credit/Debit Card Decline Fee is \$10.00.	
paid in full on or before May 1, 202 6 .	I am enrolling 2 or more chilren into the Academy.	
	Parent or Guardian Initial:	
YOUR DONATION MAKES A DIFFERENCE AND KEEPS US Thank you for being a part of the Ballet Austin family. As a fulfillment of our mission to involve and strengthen our conduction and the encouragement of health and well-being, a Thank you for considering a tax-deductible gift. For more	a non-profit organization, we are dedicated to the ommunity through the creation and experience of accessible through philanthropic subsidy and support.	
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	d 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.

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

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.

^{*}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.

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

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