

OFFICE U	JSE ONLY
Received:	
Enrolled:	

2025/26 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 Dell JCC

CONTACT INFORMA	TION	<i>y y</i>	,				
Student Name: ——							•
Address:			City:			Zip:	•
Date of Birth:	_ / /		Age:		_		
Gender:	Male	Female	Decline	to State			
Parent/Guardian Nam	ne:						<u>.</u>
Parent DOB:	/ /	Cell	Phone: ()	-		•
PRIMARY Email:							r
How did you hear abo	out the Ballet Austin Aca	ademy?					
Website	Attended Performance	Current S	tudent Dig	ital Media		Other:	
SELECT CLASS - please	select the appropriate le	evel; Class is de	etermined by age	as of Sept	ember 1,	202 5	
Dance w/ Me	CB 5		If there is a cattending:	choice in	days, ci	rcle the day(s)	
Next Steps	PB 6		atteriarig.				
CD 3	PB 7		Mon.	Tues.	Wed.	Thurs.	
CD 4	Level 1			Sat.	Sun.		
	Level 2		Time:				

PAYMENT INFORMATION

deposits. The	· · · · · · · · · · · · · · · · · · ·		-	on rates include all registration fe eposit, regardless of payment op	
	Pay in Full Tuition - fo	r the 202 5 /2 6 school	year		
	Installment Plan - Firs scheduled on an auto			or credit card. All remaining paymelow).	nents will be
TO PAY BY CRED	IT/DEBIT		Automatic Payr	nent Policies:	
CREDIT/DEBIT CARD CC Number: CC Exp: Security Code (CSC): Payment Policies & Procedures I have read and agree to all Ballet Austin Academy Policies and Procedures here and posted on the website. I understand		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 \$40 payment plan fee.			
					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 202 5 /2 6 School Year will be paid in full on or before May 1, 202 6 .		Credit/Debit Card Decline Fee is \$10.00.			
		I am enrolling 2 or more chilren into the Academy.			
				Parent or Guardian Initial:	
Thank you fo fulfillment of and the enco	our mission to involve a	let Austin family. As a l and strengthen our co d well-being, accessib	non-profit organi mmunity through ble through philar	zation, we are dedicated to the In the creation and experience of de Inthropic subsidy and support. Than Instin.org/contribute.	
I WOULD LIKE T	O MAKE A ONE-TIME	GIFT OF:			
\$25	\$50	\$100	\$250	Other: \$	
	ould like to pay in full wit ave enclosed a separate c				
I WOULD LIKE TO) MAKE A MONTHLY RE	ECURRING GIFT* BY	CREDIT CARD O	F\$	

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