

Classical Ballet Academy

REGISTRATION FORM

STUDENT'S NAME (First) _____ (Last) _____

Date of Birth _____ Current Age _____

Street Address _____

City _____ Zip _____

Student Email (if applicable) _____

Student Phone (if applicable) _____

List any Injuries, Limitations and/or Health Conditions _____

List any Prior Training/ Experience _____

References (How did you hear about CBA?) _____

PARENT 1/ Legal Guardian _____

Address (if different from student) _____

Phone _____ Email _____

PARENT 2/ Legal Guardian _____

Address (if different from student) _____

Phone _____ Email _____

EMERGENCY CONTACT _____

Phone _____ Relationship to Student _____

ENROLLMENT

Level Placement _____ Weekly Hrs _____ Schedule _____

Date of 1st class _____ No. Of Wks _____ Full Tuition _____ 2-Installs _____

Payment Amount _____ (\$35 Registration Fee + Tuition) Date Paid _____ Ck # _____

READ CAREFULLY BEFORE SIGNING – INITIAL EACH SECTION

_____ I have read, understand and agree to Classical Ballet Academy’s Admissions and Policies Handbook.

_____ I agree to fulfill all payments for the full number of weeks Tuition or prorated Tuition regardless of any absences including but not limited to, personal reasons, injury, school holidays, dismissal from the Program or voluntary withdrawal.

_____ I grant permission to Classical Ballet Academy and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me for the purpose of publication, promotion, illustration, advertising, or trade, in any manner of in any medium. I hereby release Classical Ballet Academy and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during interview or guest lecture, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

_____ Should it become necessary to have emergency medical treatment, I hereby give Classical Ballet Academy personnel permission to use their judgment in obtaining medical services. I give permission to the physician selected by Classical Ballet Academy personnel to render medical treatment deemed necessary and appropriate by the physician.

_____ I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 before, during or after participation at Classical Ballet Academy. Furthermore, I waive my right to file a lawsuit against the parties being released on the basis of any claim for negligence.

_____ I understand that masks are required for vaccinated and unvaccinated students and families entering the premises.

_____ I understand and agree that The Classical Ballet Academy, 787 W. Woodbury Road, LLC, Locker Realty Corp, Locker Realty Mgmt. and individual members thereof, all officers, employees, shall be held free and harmless from any loss, damage, liability, injury, cost, or expense that may arise during and related in any way and/ or occupancy of said facility or it’s surrounding.

_____ I wish to enroll in Classical Ballet Academy’s Program.

Student’s Name (18 yrs or older) PRINT _____

Signature _____ Date: _____

PARENTS AND OR GUARDIANS *Must be completed by BOTH parents and or guardians for students under the age of 18*

In consideration of (print minor’s name) _____ D.O.B. _____

Parent’s Name (print) _____

Signature _____ Date _____

Parent’s Name (print) _____

Signature _____ Date _____