

**ST.
LUCIE**

Ballet

T-shirt Size:

Registration Form

Fall Registration fee is \$40, \$50/family

Spring Registration fee is \$20, \$30/family

Students Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Phone: _____

Age: _____ Birthdate: _____

Parent/Guardian Names: _____

Emergency Contact w/ phone: _____

Medical Problems: Yes No

If yes, explain: _____

Child's School: _____

How did you hear of St. Lucie Ballet? _____

We reserve the right to drop from our register any student for any reason including: excessive lateness/absence, disruptive behavior by student or parent, and for non-payment.

Parent conferences may be scheduled during an open private session or a prescheduled conference time. Please do not attempt to conference with instructors before or after classes or rehearsals, this prevents instructors from attending to their classes. Thank you.

St. Lucie Ballet Education in the Art of Dance is not responsible for injuries sustained in class and / or ballet activities. I permit St. Lucie Ballet and it's agents to use my child's photo (still and / video recording) for promotions only. I have read and agree with the Tuition Policies, Rules, and Regulations of St. Lucie Ballet.

Signature: _____ Date: _____

(Teacher notes: Level _____)

St. Lucie Ballet Inc.
Waiver of Liability and Release Agreement

I, _____ (parent/guardian), in connection with my son/daughter, _____ (“the participant”), attending and participating in classes and /or ballet activities at St. Lucie Ballet hereby agree as follows:

Acknowledgement of Risks and Responsibility

The Undersigned understands that there are certain dangers, hazards, ad risks (foreseen and unforeseen) inherent in attending and participating at the St. Lucie Ballet studio, including without limitation, risks related to use of equipment and facilities, personal safety (including risks of minor and serious injury) and risks of property damage.

In recognition of the dangers, hazards and risks associated with attending St. Lucie Ballet, the Undersigned confirms that the participant is physically and mentally capable of attendance and participation in all activities and use of all equipment associated with the St. Lucie Ballet. The participant is willingly and voluntarily attending and participating and the Undersigned agrees that they and the participant shall assume all dangers, hazards and risks (foreseen and unforeseen) inherent in, arising from or related to the participant’s attendance and participation in the St. Lucie Ballet studio.

Participants Health

In anticipation of the participant’s enrollment in the St. Lucie Ballet studio, the Undersigned and participant have consulted with a medical doctor with regard to the participant’s medical condition. The participant has no physical or mental conditions which would cause him/her to be a danger to himself/herself or to others, is capable of participating in all activities associated with the St. Lucie Ballet.

Preferred Hospital: _____ Doctor: _____

Drs. Phone: _____

Insurance Policy Name and Number: _____

Waiver of St. Lucie Ballet Inc. Liability RELEASE AND HOLD HARMLESS

In consideration of the attendance and participation in the St. Lucie Ballet studio and knowing the dangers, hazards and risks (foreseen and unforeseen) of attending and participation in the St. Lucie Ballet studio, the Undersigned, for themselves, any other parent and the participant, understands(s) and agree(s) to RELEASE AND HOLD HARMLESS St. Lucie Ballet Inc. and its current and former officers, directors, employees, attorneys, representatives and agents and waive any claim for injury and damage resulting from the participant’s attendance and participation in the St. Lucie Ballet studio.

Acknowledgement

It is the express intent of the Undersigned that this Agreement shall bind the undersigned, any other parent, the participant, the participant’s family, estate, heirs, administrators, personal representatives or assigns. The Undersigned acknowledges that they have read and understand this document and the RELEASE AND HOLD HARMLESS provisions.

The above named participant has my permission to participate in the St. Lucie Ballet program. If contact is unsuccessful, I give my permission to the attending camp director to render medical treatment to the participant, including (if necessary) hospitalization. Any expenses arising from the injury or illness is the responsibility of the person signing below.

Parent/Guardian printed name: _____ Signature: _____

Emergency phone #: _____ Date: _____

St. Lucie Ballet
Payment Authorization Form School Year 2016-17
*****Your credit card or bank draft must be on file*****

Dancer's Name: _____

Classes taking: _____

Tuition due Monthly: _____

{ } **Will pay by Cash or Check.**

*All students must have active Credit Card or Bank Draft on file for Security Fee.

{ } **Auto Bank Draft Program** (please attach voided check)

{ } **Auto Pay Credit Card Program**

I understand that if my tuition isn't paid to St. Lucie ballet on or before the 10th of each month my credit card will be billed or bank draft will be taken on the 10th.

Customer Signature: _____ **Date:** _____

**I understand that it shall remain my obligation to notify St. Lucie Ballet in writing 14 days in advanced of my intent to terminate my enrollment, and to pay or be charged one month of tuition, as security to St. Lucie Ballet. If the above card is declined for any reason the client will be responsible for all tuition, and late fees pursuant to the Rules and Policies agreement.*

Customer Signature: _____ **Date:** _____

*Customers who want to have auto bank draft or credit card automatically charged for the duration of the 10 month installment plan August – May, the charge will take place on the first of the month.

I hereby authorize St. Lucie Ballet to charge the above referenced account, bank draft or credit card, and to apply said charges toward the payment of my monthly tuition stated above. Said charge authorization is to be in an amount equal to my monthly tuition in effect at the time.

***Attach VOID check or fill out credit card information below**

Name on Credit Card: _____

Billing Address: _____

Account #: _____ - _____ - _____

Expiration Date: _____ **Card Type:** Visa or Master Card (circle) **Security code:** _____

Customer Signature: _____ **Date:** _____

* **Security fee** is one month tuition that will be charged if child cancels and ceases to come to classes at St. Lucie Ballet before the year is over. Everyone must have a credit card or void check on file!