

TheStudio

For Dance & the Arts
The School of the Rockbridge Ballet

Jessica Pyatt Martin, Executive Director
Phone: 540/463-3436 ▪ Website: www.rockbridgeballet.org

Return completed form to
P.O. Box 150 ▪ Lexington, VA 24450

REGISTRATION FORM

Dancer's name: _____ Birth date: _____ Age: _____

Dancer's email address (if applicable) _____ Dancer's cell: _____

Mother's name: _____ Mother's cell: _____

Father's name: _____ Father's cell: _____

Home phone: _____ *Mother's email: _____

(* at least one email address is required) Father's email: _____

Mailing address: _____

Does your child have any health conditions we should know about?

No _____ Yes: _____

TUITION AGREEMENT:

I will be responsible for tuition payments until notification of withdrawal. I understand a 30-day written notice must be given to TheStudio in the form of a letter to the Director in the case of dropping a class, or not continuing the training period. Payments made in installments are due on the 1st of the month regardless of any absences. After the 10th of the month a \$10 late fee will be applied to the account. I understand that there will be a \$30 service fee charged on all returned checks. I understand there will be no deductions for classes not attended. Make-up classes can be arranged through the Director/Teacher. I have read and agree to the 2019-2020 Payment Policies and Procedures.

Signed: (Parent/ Legal Guardian/ Adult Student/Payor)

Date:

PHOTOGRAPHIC RELEASE:

I give permission for photographs of my child in dance class or performance to be used in promotional material for The Rockbridge Ballet and TheStudio in both web and print publications.

Signed: (Parent/ Legal Guardian/ Adult Student)

Date:

Or please check here _____ if you do not wish for your child to be photographed.

RELEASE FROM LIABILITY:

I, the undersigned adult student or parent/ guardian of _____, a minor, recognizing that classes involving physical activity may result in personal injury, do hereby release, discharge, and agree to hold harmless and safe from any and all liabilities The Rockbridge Ballet, and TheStudio its officers, agents, employees, and independent contractors from any and all claims, demands, rights, actions and clauses of actions arising out of the activities of said business, specifically including, dance, gymnastics, and related classes, practices, and performances, on account of or in any way arising out of any and all known and unknown personal injuries and property damage, including consequential damages, which I may now or hereinafter have as the parent / guardian of this said minor on his/her own behalf.

Signed: (Parent/ Legal Guardian/ Adult Student)

Date:

CLASSES registering for (class, day, time, level):

PAYMENT OPTIONS, please check one of the following:

I will pay the tuition in full at the time of registration (no later than Aug. 15 and non-refundable), with costumes fees paid on Oct. 15. All tuitions paid annually by cash or check only (no credit card) receive a 5% discount.

Annual Amount: \$ _____ \$- 5% _____ = \$ _____ Cash or Check

I will pay tuition in 2 equal payments at the beginning of each semester (Aug. and Dec.), with costumes fees paid Oct. 15.

Semi-Annual Amount: \$ _____ Due August 1 and December 1.

I will pay tuition in 9 equal installments beginning in September and ending in May (other payment options may be available upon request). With costume fees paid Oct. 15.

9-Pay Installment Amount: \$ _____ Due on the 1st of each month.
Late fees assessed on the 11th.

Total hours: _____ 5% Deductions for additional siblings (equal or lesser) \$ _____

Costume fee per recital dance due October 15: \$60 Costume Amount: \$ _____

Please include a \$25 registration fee per dancer or \$40 per family. This fee is non-refundable and is not applied to tuition fees. Registration Fee: \$ _____

Payment is accepted in cash, credit or debit (Visa, MasterCard or Discover) or check payable to "The Rockbridge Ballet" or "TheStudio for Dance & the Arts". Registration and fees accepted in person at 126 Walker Street or by mail to P.O. Box 150, Lexington, VA 24450.

I wish to have my credit card charged automatically when payment is due on the 1st of the month.

I have attached a completed Credit Card Authorization Form.