

OFFICE USE ONLY

Date Received _____

Payment Received _____



OFFICE USE ONLY

Class Available _____

Enrollment Date _____

Registration Form – 2007/2008 Academy School Year – (new students age 8 and older who have had previous training should call to schedule a Placement Class to determine the level for enrollment)

Billing Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student's name: _____

Student's Address: (if different than above) _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____

Date of Birth: _____ Age on 9/1/2007: _____ Sex: _____

E-mail Address: _____

Emergency Contact: _____

Mother's Name: _____ Cell Phone: _____

Mother's Employer: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Father's Employer: _____ Work Phone: _____

Other Emergency Contact Information: _____

Class in which you would like to enroll:

FIRST CHOICE

SECOND CHOICE (you will be notified if your 1st choice is full)

Level: _____

Day: _____

Time: _____

Location: _____

Instructor: _____

Level: _____

Day: _____

Time: _____

Location: _____

Instructor: _____

Mail or Fax to: Ballet Austin, 501 West 3rd Street, Austin, Texas 78701 Fax: 512.472.3073

Attach to E-mail: Vicki.parsons@balletaustin.org

Check Cash Discover MC Visa Amex

Credit Card # _____ Expiration Date: _____ / _____

3-Digit Code (on back of card) _____

Name on Card _____ Total to be charged: \$ _____

Card Holder Date _____ Signature of

How did you hear about Ballet Austin? _____

Would you like more information about Ballet Austin performances and tickets? _____



A new form must be completed and on file for each new school year.

2007/2008 School Year

LIABILITY/WAIVER RELEASE FORM

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

I _____, the enrolled participant and/or the parent/guardian of the participant 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.

The 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 are attached to this form.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE. ADDITIONALLY, I HAVE READ AND AGREE TO ABIDE BY ALL ENCLOSED POLICIES AND PROCEDURES.

Student's name (please print)

Student's Signature

Date

Parent/Guardian (if participant is under 18) (please print)

Parent/Guardian Signature

Date

PHOTOGRAPH / LIKENESS RELEASE FORM

We (I), _____, the parent(s)/legal guardian(s) authorize Ballet Austin, Inc. and/or its representative, agent, or employee to use any photograph / likeness of my minor child, _____, age _____, for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the Academy Directors.

Parent/Guardian's Signature

Date

OR

I, _____, age eighteen (18) or over (no longer a minor), authorize Ballet Austin, Inc. and/or its representative, agent, or employee to use any photograph / likeness of me for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the Academy Directors.

Student's Signature

Date



Payment Option Form
Academy Year 2007/2008

* Please return this form with your registration indicating which payment option you would like for tuition payments

All tuition installments must be mailed or delivered to the Academy Business office at 501 W. 3rd Street, Austin, Texas 78701. A minimum of the first installment is made at the time of registration for all payment options with 8 additional installments beginning October 1, 2007. Invoices will not be mailed for tuition payments. Tuition is always due on the first of each month. A late fee of \$15.00 will be assessed on the 5th of each month that an installment is not received.

CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS:

Full Tuition - Early Discount if payment is made in full by August 31, 2007. (discount will be applied at the time tuition is paid in full. If you choose this option you are still responsible for the first installment at registration to secure a place. The remainder of the balance can be paid by 8/31/07. You are responsible for making this final payment to ensure that tuition is paid in full so you will not lose your early discount.)

Payment in full if received AFTER August 31 - NO "EARLY PAY" DISCOUNT if paying in full after this date.

DIRECT PAYMENT - MONTHLY AUTOMATIC BANK DRAFT I'd like to have my tuition automatically debited when each subsequent installment is due. (Beginning 10/1/2007) ** By checking this option you are giving Ballet Austin permission to debit your bank account when tuition is due. Direct payment eliminates check and postage costs and reduces the potential of being charged the \$15.00 late fee. With the Direct Payment Service, Ballet Austin will debit your bank account between the 1st and the 5th of each month an installment is due. PLEASE SIGN AND RETURN THE DIRECT PAYMENT AUTHORIZATION AGREEMENT to participate in this payment option.

MONTHLY AUTOMATIC CREDIT/DEBIT CARD PAYMENT I'd like to have my credit/debit card automatically charged when each subsequent installment is due. ** By checking this option you are giving Ballet Austin permission to charge your credit card or debit card on the first of each month that tuition is due. This will be done automatically and will prevent the possibility of late fees. Please include credit card or debit card information below. This information does not carry over from one year to the next. A new authorization form must be on file.

AMEX#

DSCVR#

MC#

VISA#

Exp. Date: / 3-Digit Code on back of card Amount to charge:

STANDARD PAYMENT PLAN - I am responsible for making monthly payments on my own and understand that invoices will NOT be mailed. (beginning with installment # 2 due October 1) You can check the Standard Payment option and give us a credit card number above for your FIRST payment but be sure to check the Standard Payment Plan and do not check Automatic Payment on this form.

I have read enclosed payment information and understand all policies and procedures regarding tuition, withdrawal, absences and class make up. I authorize tuition payments as marked above.

Name of Billing Contact (please print)

Signature of Billing Contact Date

*This form and at least the non-refundable deposit (1st installment of nine equal payments) are required to reserve your place in the class.

E-MAIL ADDRESS CHILD'S NAME:

OVER

OFFICE USE ONLY	
Internet ACH ID # _____	
AMOUNT TO DEBIT _____	



OFFICE USE ONLY	
<u>Draft Date</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**AUTHORIZATION AGREEMENT
FOR
DIRECT PAYMENT
2007/2008 SCHOOL YEAR**

*Please return this form with your registration only if you are choosing this payment option.

Company Name: Ballet Austin, Inc.

I (we) hereby authorize Ballet Austin, Inc., hereinafter called COMPANY, to initiate debit entries and adjustments for any debit entries made in error to my Checking or Savings account and the depository named below, hereinafter called DEPOSITORY, to credit and/ or debit the same such account.

Depository Name		Branch
City	State	Zip Code
Transit/ ABA Number	Account Number	Account Type:

This authority is to remain in full force and effect until COMPANY has received written notification from me of termination in such a time and in such a manner as to allow the COMPANY and DEPOSITORY a reasonable opportunity to act on the request. This authority is to remain in effect through the end of the 2007/2008 school year (May, 2008) or until tuition for the 2007/2008 school year is paid in full.

Billing Name: _____

Student's Name: _____

Billing Signature: _____

Date: _____