



<u>OFFICE USE ONLY</u>
Received: _____
Enrolled: _____

## 2020/21 STUDENT REGISTRATION

Questions on placement should be directed to the Academy Office at 512.501.8703

### CONTACT INFORMATION

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Gender: _____ Male	Race / Ethnicity: _____ Non-Hispanic / White	_____ Mixed Race
_____ Female	_____ Hispanic / Latino,a,x	_____ Decline to State
_____ Non-Binary	_____ Black	_____ Other: _____
_____ Decline to State	_____ Asian	
_____ Other: _____	_____ Native American	

Parent/Guardian Name: \_\_\_\_\_

Parent DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

PRIMARY Email: \_\_\_\_\_

### How did you hear about the Ballet Austin Academy?

Website      Attended Performance      Current Student      Digital Media      Other \_\_\_\_\_

**SELECT CLASS - please select the appropriate level; Class is determined by age as of September 1, 2020.**

Dance w/ Me	PB 6	Level 4
Next Steps	PB 7	Level 5
CM Boys	Level 1	Level 6
CM 3	Level 2	Level 7
CM4	Level 3	Level 8
CB 5	Boys Scholarship	Level 9

If there is a choice in days, circle the day(s) attending:

Mon.      Tues.      Wed.      Thurs.

Fri.      Sat.      Sun.

Time: \_\_\_\_\_

## PAYMENT INFORMATION

Ballet Austin accepts one of two payment options (Choose only 1). Tuition rates include all registration fees and deposits. The first installment amount is considered a non-refundable deposit, regardless of payment option (Pay in Full or Installment Plan).

\_\_\_\_\_ Pay in Full Tuition - for the 2020/21 school year

\_\_\_\_\_ Installment Plan - First payment may be made by cash, check or credit card. All remaining payments will be scheduled on an automatic payment schedule (See policies below).

### TO PAY BY CREDIT/DEBIT

### Automatic Payment Policies:

CREDIT/DEBIT CARD	
CC Number	
CC Exp:	Security Code (CSC):

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 payment plan fee.

Tuition is to be paid in full by May 1, 2021 - any outstanding tuition balance after this date will be automatically charged.

Credit/Debit Card Decline Fee is \$10.00.

### Payment Policies & Procedures

I have read and agree to all Ballet Austin Academy Policies and Procedures here and posted on the website. I understand that tuition is an annual tuition and if paying it out, installments are charged on the 1st of each month. All students will be assessed a one-time Facilities Cleaning Fee of \$30. 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 2020/21 School Year will be paid in full on or before May 1, 2021.

\_\_\_\_\_ I am enrolling 2 or more children into the Academy.

Parent or Guardian Initial: \_\_\_\_\_

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## YOUR SUPPORT WILL BRING US BACK TO THE STUDIO AND THE STAGE STRONGER THAN EVER

Thank you for being a part of the Ballet Austin family and we look forward to having you join us this year! As a non-profit organization, we are dedicated to the fulfillment of our mission to produce work for the stage, to develop young artists, and to make our performances, educational initiatives, and health and well-being programs financially accessible through philanthropic subsidy and support. As we continue our work to remain here for you, thank you for considering a tax-deductible gift, now more than ever. For more information, visit [balletaustin.org/contribute](http://balletaustin.org/contribute).

### I WOULD LIKE TO MAKE A ONE-TIME GIFT OF:

\$25

\$50

\$100

\$250

Other: \$ \_\_\_\_\_

\_\_\_\_\_ I would like to pay in full with the credit card listed on this form.

\_\_\_\_\_ I have enclosed a separate check for my donation in full.

### I WOULD LIKE TO MAKE A MONTHLY RECURRING GIFT\* BY CREDIT CARD OF \$ \_\_\_\_\_

**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.

Drop off or mail to: Ballet Austin, 501 West 3rd Street, Austin, TX 78701 / Email to: [registrar@balletaustin.org](mailto:registrar@balletaustin.org)

## REQUIRED LIABILITY / WAIVER RELEASE

Student Name (s) \_\_\_\_\_ (PLEASE PRINT)

Parent or Guardian Name \_\_\_\_\_ (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. Print a copy of the Liability/Waiver Release.

**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

**COVID-19 Warning.** The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The virus is thought to spread mainly from person-to-person, through respiratory droplets produced when an infected person coughs, sneezes, or talks. There is no known treatment, cure, or vaccine for COVID-19.

Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death. Ballet Austin cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while utilizing Ballet Austin's services or premises

**COVID-19 Release.** I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize Ballet Austin's services and enter Ballet Austin's premises. I release and waive my right to bring suit against Ballet Austin and its officers, directors, managers, officials, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Ballet Austin's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

By signing below, I further agree to perform this checklist daily on the enrolled participant and WILL STAY HOME if the answer is yes to any of the following:

- 1 Are you, or anyone in your household, exhibiting flu-like symptoms (coughing, sneezing, shortness of breath)?
- 2 Within the past 14 days, have you, or anyone in your household, come into contact with someone who has tested positive for COVID-19?
- 3 Within the past 24 hours, have you, or anyone in your household, had a temperature of 100.4 degrees or higher?

### 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: