



# SCHOOL OF RUSSIAN BALLET

## 2018 – 2019 Registration Form

Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone:(    ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Parent/Guardian If student is under 18 yrs.:

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

## 2018- 2019 Tuition Agreement

\_\_\_ Tuition is based on 10 equal monthly payments, NOT TO BE PRO-RATED DUE TO HOLIDAYS.

\_\_\_ Tuition is due on the 1<sup>st</sup> day of each month and no later than the 7<sup>th</sup> day of each month.

\_\_\_ A \$25 late fee will be charged in addition to the tuition after the 7<sup>th</sup> day of each month.

\_\_\_ A 30 day written notice of withdrawal is required of all students. If is not provided, a full month's tuition is required.

\_\_\_ Tuition does not cover performances, costume fees, master classes, audition fees, private classes, and registration fees.

\_\_\_ \$40 registration fee is due at registration for each student, \$60 registration for families.

\_\_\_ Any checks returned will be assessed an additional \$20 fee.

The undersigned hereby acknowledges that participation in ballet and other activities offered at School of Russian Ballet (SRB) involves an inherent risk of physical injury. The participant attending programs at SRB, and using its facilities, does at his or her own risk. SRB, its officers, agents, and employees shall not be held liable for any damages arising from personal injuries or property damage sustained by the participant in or about the premises, and he or she does hereby fully and forever release and discharge SRB officers, agents, and employees from any and all claims, demands, rights of action, present or future, resulting from the participant's use of its facilities. Participation at SRB is voluntary, and with the understanding of the risk of accidental injury involved in this activity. I hereby authorize SRB and its agents to act for me according to their best judgment in any emergency requiring medical attention. Permission is hereby granted for photographs and/or video tapes to be taken of my child (children) at the facility and events. SRB has the right to utilize these photographs in brochures or displays, or for any purpose.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Office Use Only) Level \_\_\_\_\_ Registration Fee \_\_\_\_\_ Tuition \_\_\_\_\_ Paid \_\_\_\_\_

