

The Ballet Academy
(A Royal Academy of Dance School)
2019/2020 Registration

Classes at the Betsie Hosick Health & Fitness Center, 102 Airport Rd. Frankfort, MI 49635

Student Name: _____
Parent's Name/s: _____
Phone: _____
Address: _____
City: _____ State/Zip: _____
e-mail: _____
Birthdate: _____ Age: _____ Gender _____
Previous Training/Where: _____ No. of yrs. _____
Medical/Allergy Info: _____
Emergency Contact/Name: _____ Ph: _____
How did you find out about us? _____

Please check the appropriate class level: Checks payable to Arlene Larson

Monthly Tuition (based on 4 weeks – shorter or longer months prorated)

Beginning Ballet: \$44 _____

Continuing Ballet: once/wk \$60 _____, twice/wk \$120 _____

Drop-in Classes: \$16 _____ Private Lessons: \$60/hr _____

Semi-Private Lessons: \$35 ea/hour _____

By registering with The Ballet Academy, I understand that tuition will be due on the first class of the month, and I understand that any returned check will result in a \$25 additional fee.

Photo Release: I grant The Ballet Academy the right to take photographs of me or my child in connection with classes or performances. I authorize The Ballet Academy to used and publish photographs in print or electronically. I agree that The Ballet Academy will not compensate me for any photographs used.

I declare the above named person to be physically sound and able to participate in this program, and I (we) do hereby indemnify and hold harmless, release and discharge The Ballet Academy, its agents, servants, or employees from any and all claims for personal injuries, disabilities, or property damage occurring to or sustained by me or my child while participating in an any dance activity or activities related to dance, and including any and all consequential damage claims which I (we) may be entitled to recover from said injury or property damage claim.

Signature of Adult/Parent/Legal Guardian: _____ Date: _____