

# ACADEMY *of* BALLET ARTS

## REGISTRATION FORM

**Student's Name** \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home Ph \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Mobile Ph \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Medical Conditions \_\_\_\_\_

### How did you hear about the Academy of Ballet Arts?

- Word of Mouth       Website       Drove By       Intermountain Ballet Theatre Production  
 Flier       South Valley Journal       Referred By \_\_\_\_\_  
 Other \_\_\_\_\_

### Tuition

Tuition is paid by an automatic monthly debit from either your debit or credit card. Written notification must be given a month in advance to withdraw the student, and not be charged. There will be a \$20.00 return fee if your payment is rejected.

### Debit/Credit Card Withdrawal Information

Debit/Credit Card Type \_\_\_\_\_ Billing Address \_\_\_\_\_  
\* We accept Visa, Mastercard, and Discover Card.  
Card # \_\_\_\_\_  
Exp. Date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_

I, the undersigned, for and in consideration of my child being permitted to attend the Academy of Ballet Arts school:

- 1) Certify that I have read and will abide by the policies as stated in the registration packet, and I hereby request that the Academy of Ballet Arts allow my (son, daughter, ward) to register and fully participate. By requesting and authorizing such registration and participation in this class by a minor, I acknowledge and I am aware of the nature and content of the program and understand and assume the risks associated with his/her participation and agree not to allege or attempt to impose any liability on the studio in the event of any damage or loss resulting from such participation.
- 2) Do hereby grant permission to use any photograph/videography of my child. I also grant permission to use quotes or artwork in publicity materials as appropriate.
- 3) In case of serious emergency or illness, when the parents cannot be reached immediately, hereby authorize the provider to obtain emergency medical care.
- 4) Understand that tuition is due on the first of each month and after seven(7) days is considered late and my account will be assessed a late fee of ten dollars(\$10).
- 5) Acknowledge that permission granted in this agreement shall cover the entire period of my child's attendance at the Academy of Ballet Arts school. In addition, I accept the responsibility to update the office if all or any part of the information above should change.

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Student Signature if over 18)

### For Administrative Use

Date Registered \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Classes Registered For \_\_\_\_\_

\$25 Registration Fee Paid:

- Cash     Check# \_\_\_\_\_     Credit Card Type \_\_\_\_\_ Last 4 Digits \_\_\_\_\_