



LOWER SCHOOL REGISTRATION

Levels 1 through 4

September 4, 2018 through June 15, 2019

Student's Full Name: _____

Tuition and Registration Fee: *Check all boxes that apply*

Registration Fee: \$30 OR Free for Active Duty Military OR Family \$50 OR Add'l Sibling

Level 1: \$136 per month \$1,360 full year *Electives: Beg. Tap

Level 2: \$196 per month \$1,960 full year *Electives: Beg. Tap

Level 3: \$279 per month \$2,790 full year *Electives: Tap Character

Level 4: \$311 per month \$3110 full year *Elective: Tap

* Elective Tuition: \$40 per month or \$400 per year for each elective

Amount due with this form:
Registration Fee: _____
Class Tuition: _____
Elective Tuition: _____
Total Amount: _____
Notes: _____

CONTACT INFORMATION

Parent/Guardian's Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Student's Current Age _____ Student's Birthdate _____

Emergency Contact Name: _____ Emergency Contact Cell Phone #: _____

PAYMENT OPTIONS

payment will be processed immediately

- payment in full—a one-time full academy year tuition payment due at the time of registration
- auto-pay plan—our bank card will be charged immediately for the first month's tuition and registration fee (if applicable) at the time of registration and then at the beginning of each month from 10/1/18 through 6/1/19

Support BVI by adding a small tax deductible amount to your tuition payments

- Add \$5 per month*
- Add \$10 per month*
- Add \$____ per month*
- Add a one time donation of \$25
- Add a one-time donation of \$_____

*through 6/1/19

BVI is a 501(c)(3) nonprofit corporation registered with the Virginia Office of Consumer Affairs.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize Ballet Virginia International to initiate bank card charges to the swiped card on file. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. To update or change your credit card on file at any time, you must do so at the studio office. All information will be kept confidential and stored in a secure environment. If your payment method is declined, we will contact you immediately and you will have until the 5th of the month to provide payment. Late payment fees of \$10 and insufficient funds fees of \$25 will be applied.

Billing email address: _____

Authorized signature: _____

The waivers below will be valid for the entire time the student named on this registration attends BVI for classes and/or rehearsals.

MEDICAL AND LIABILITY RELEASE

I understand that Ballet Virginia International will not be held responsible for any bodily injuries sustained while on the premises or for loss or damage to any personal items brought on the premises by students or their families this shall include, but not be limited to any and all activities in the dance school, directly or indirectly around the dance school, or in any other place so designated by Ballet Virginia International including performances and outreach activities. In the event of an emergency, I hereby give authority to Ballet Virginia International's representatives to obtain necessary emergency medical treatment for myself or my child, to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for myself or my child as deemed necessary with the understanding that the family will be notified as soon as possible.

I understand that my insurance coverage for myself or my child will be used in the event medical intervention is needed and that I am responsible for the payment of any/and all medical services.

I understand all reasonable safety precautions will be taken at all times by Ballet Virginia International and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Ballet Virginia International, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the undersigned.

I understand that in the instruction of dance and in particular, ballet, physical manipulation of a student by the instructor may occur. This physical manipulation will occur only when assisting the student in the proper alignment and execution of dance steps. I hereby authorize the instructors to physically manipulate myself or my child in order to assist in the proper alignment and execution of dance steps.

PHOTO RELEASE

By signing below, I hereby irrevocably grant and convey to Ballet Virginia International all rights, titles and interests in and to record my name, image, voice, statements and/or writings including any and all photographic images and video or audio recordings made by Ballet Virginia International. I further irrevocably grant to Ballet Virginia International, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above mentioned sound, still, or moving images in any medium, including posting on the Internet and World Wide Web, for educational, promotional, advertising, or other purposes without limitation consistent with the mission of the Academy. I agree that all intellectual property rights to the sound, still, or moving images belong to Ballet Virginia. I voluntarily waive the right to inspect or approve such images and waive my right to any royalties, proceeds or other benefits derived from such photographs or recordings.

This release is effective on the date written below and will remain in effect indefinitely. If individual is less than eighteen (18) years of age, his/her parent or legal guardian must sign below.

WITHDRAWAL/REFUND POLICY

Withdrawal/Refund Policy: All tuition is non-refundable. Refunds will not be made, except in the case of serious illness or injury, verified by a doctor's certificate. If a student is dismissed from the Academy because of unacceptable behavior, no tuition will be refunded. Ballet Virginia International reserves the right to deny any refund request. Should a tuition refund be issued, the registration fee will not be refunded. If a student wishes to withdraw from the Academy, the Academy Directors must receive, in writing, notification that the student is withdrawing. The parent or guardian is responsible for all tuition payments due up until the point the Academy receives written notification of the withdrawal.

Signature below indicates acceptance of Medical and Liability Release, Photo Release and Withdrawal/Refund Policy.

Parent or Adult Dancer's Signature

Date