



ADULT REGISTRATION

January 7 through June 14, 2019

Total amount due with this form:
Session 3 Tuition: _____ processed at time of registration
Session 4 & 5 Tuition: _____ processed 14 days prior to session start date
Notes: _____

Name: _____

Check all boxes that apply:

- Mon. Int. Adult Ballet:** Session 3: \$120 Jan. 7—Feb 25 (8 wks) Session 4: \$90 March 4—Apr 8 (6 wks)
 Session 5: \$105 Apr 22—June 10 (7 wks)

- Mon. Adult Pointe** (with instructor permission and registration in Monday Adult Ballet): Session 3: \$80 Jan. 7—Feb 25 (8 wks)
 Session 4: \$60 March 4—Apr 8 (6 wks) Session 5: \$70 Apr 22—June 10 (7 wks)

- Mon. Adult Tap:** Session 3: \$120 Jan. 7—Feb 25 (8 wks) Session 4: \$90 March 4—Apr 8 (6 wks)
 Session 5: \$105 Apr 22—June 10 (7 wks)

- Tues. Adult Body Conditioning:** Session 3: \$120 Jan. 8—March 5 (8 wks) Session 4: \$75 March 12—Apr 9 (5 wks)
 Session 5: \$120 Apr 21—June 9 (8 wks)

- Wed. Beginning Adult Ballet:** Session 3: \$120 Jan. 9—Feb 27 (8 wks) Session 4: \$90 March 6—Apr 10 (6 wks)
 Session 5: \$120 Apr 22—June 10 (8 wks)

- Fri. Int. Adult Ballet:** Session 3: \$120 Jan. 11—Mar. 1 (8 wks) Session 4: \$90 March 8—Apr 12 (6 wks)
 Session 5: \$120 Apr 26—June 14 (8 wks)

CONTACT INFORMATION

Email: _____ Cell Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

PAYMENT

We will charge your authorized bank card for the first session at the time of registration. If registering for subsequent sessions, we will charge for the next session 14 days prior to the beginning of each session.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I/we hereby authorize BVI 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 card on file, you must do so at the studio office. All information is kept confidential and stored in a secure environment. If your payment is declined, we will contact you. You will have 10 days to provide payment. Late payment fees of \$10 and insufficient funds fees of \$25 will be applied.

Name as it appears on bank card: _____

Billing Zip Code: _____

Billing email address: _____

Authorized signature: _____

Support BVI by adding a tax deductible amount to your tuition:
<input type="checkbox"/> Add a one time donation of \$5
<input type="checkbox"/> Add a one time donation of \$10
<input type="checkbox"/> Add a one time donation of \$25
<input type="checkbox"/> Add a one time donation of \$_____
<i>BVI is a 501(c)(3) nonprofit corporation registered with the Virginia Office of Consumer Affairs.</i>

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