

2018-2019 Registration Form

Academy of Classical Ballet • 21501 N 78th Ave, Suite 100 • Peoria AZ 85382
623-572-7222 • ACBALLET.COM

Student Name: _____ Age: _____ Date of Birth: ____/____/____ (m/d/yr)

Academic School: _____ Grade: _____ School District: _____

Today's Date: _____ Name of Parent/Guardian: _____

| | |
|--------------------------|---------------------------------|
| Phone (Parent/Guardian) | Address (mailing __ billing __) |
| _____ cell _____ name | Address: _____ |
| _____ cell _____ name | City/State/Zip: _____ |
| _____ daytime _____ name | Email1: _____ |
| | Email2: _____ |

| | |
|---|---|
| Emergency Contact Information (in case parent/guardian cannot be reached) | Alternate Address (mailing __ billing __) |
| Contact Name: _____ | Address: _____ |
| Relationship: _____ | City/State/Zip: _____ |
| Phone: _____ (daytime) | Email: _____ |
| _____ (evening) _____ (cell) | |

How did you hear about our Academy? Website _____ Referring Student (list name): _____

Other (specify): _____

* If enrolling more than 1 child, a Registration form must be complete for each student.

| Registration | Payment | Quick Books | Data Base |
|-----------------------|---------------------|-----------------------|----------------------|
| Waivers Signed _____ | Payment Rec'd _____ | Account Update _____ | Student Detail _____ |
| Sched. Attached _____ | Check #/Cash _____ | Current Billing _____ | Student/Class _____ |
| Tuition Calc _____ | Credit Card _____ | Mem X'tion _____ | |

Academy of Classical Ballet Registration cont.

Print Student Name: _____

Medical Information:

Does the student have any injuries (previous or new)? Yes/No (circle one). If yes, please explain: _____

Does the student have any medical conditions that might affect his/her behavior or ability to participate fully in our program? Yes/No (circle one). If yes, please explain: _____

Does the student have any allergies (severe or mild)? Yes/No (circle one). If yes, please explain: _____

Does the student need to carry an Epi-pen at all times? Yes/No (circle one)

Medical Coverage/Authorization for Substituted Consent:

I authorize that I or my child is covered by a personal or family medical plan, health insurance or an HMO that includes coverage for injuries sustained while the student is participating in any of the Academy of Classical Ballet, LLC’s classes, rehearsals, performances, activities or programs sponsored by the Academy of Classical Ballet, LLC or its’ non-profit organization, Ballet Forme. Neither organization will be responsible for any costs or liabilities resulting from a lack of such coverage.

I hereby grant permission to the Principal of the Academy of Classical Ballet, LLC or anyone designated by the Principal, and to those persons listed above as emergency contacts to authorize emergency medical or surgical treatment, including but not limited to blood or blood product transfusions, diagnostic procedures and the administration of anesthesia, for the student where medically appropriate in the case of injury, accident or illness; subject however to the following limitations.

This authorization is given for the benefit of the student. The authorization given to the Principal is given with the understanding that the Principal or the Principal’s designee will act only in my absence and only until I, my spouse, the legal guardian or persons designated above can be contacted. I do understand that the medical appropriateness of such treatment will be determined by the attending physician or the medical facility’s medical staff and that such a determination shall be conclusive evidence of the reasonableness of the consent given. I agree to hold the Principal, anyone designated by the Principal, and any Academy of Classical Ballet, LLC employees harmless from liability arising from any and all medical treatment or complications arising there from, rendered as a result of consent given pursuant to this authorization.

I further authorize the release by the Academy of Classical Ballet, LLC or persons listed above to the health care provider of such medical and personal information as the Academy of Classical Ballet, LLC or persons listed above may have regarding the students and the use of such information by the health care provider in the subsequent medical treatment of the student.

I have read the Academy of Classical Ballet, LLC rules and regulations and I understand that complying with these policies will help my child and the academy to grow successfully.

Parent’s Signature: (if student is under 18) _____ Date: _____

Photographic Consent /Release:

I hereby give permission to the Academy of Classical Ballet, LLC to take photographs, videos and or film of my child or myself. I consent to the use of such materials for promotional purposes by the Academy of Classical Ballet.

I recognize the risks of accident or injuries associated with the program of dance and acknowledge that I am participating upon the express understanding that I am willing and able to accept full responsibility for my own and/or my child’s safety and welfare. I hereby release the Academy of Classical Ballet, LLC and agree to hold the Academy harmless from and against any and all claims and liabilities whatsoever which I may have, arising out of the participation with the Academy, except for those relating from gross negligence or willful misconduct of the Academy of Classical Ballet, LLC. I hereby execute and deliver this release inducing the Academy of Classical Ballet, LLC to permit me or my child to participate in its programs.

Parents Signature (if student is under 18): _____ Date: _____

The Academy of Classical Ballet, LLC offers equal employment and educational opportunities in accordance with all applicable Federal, State and local laws against discrimination on the basis of race, sex, religion, national origin, age or sexual orientation.

Release and Waiver of Liability and Indemnity Agreement
(Read carefully before signing)

In consideration of being permitted to participate in any way in the dance Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below dance activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.

2. I/WE fully understand and acknowledge that:

(a) There are risks and dangers associated with participation in dance events and activities, which could result in bodily injury partial and/or total disability, paralysis and death.

(b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.

(c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.

(d) There may be other risks not known to us or are not reasonably foreseeable at his time.

3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.

4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Academy of Classical Ballet facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the dance event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the Academy of Classical Ballet facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT (S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money, which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Facility: Academy of Classical Ballet _____
 Parent or Guardian Signature (if minor) _____
 Parent or Guardian Signature (if minor) _____
 Printed Name of Participant _____
 Address of Participant _____
 Received by _____

Registrar Signature Printed Name Member # Region on File Date

Parent Acknowledgement of ACB Handbook

I have read or will read the 2018-2019 ACB Handbook. Copies are available online at acballet.com or for review at the Front Desk. I understand and accept all policies outlined in the ACB Handbook.

Parent/Guardian Signature: _____ Date: _____

Tuition and Fees Calculation

1. Using the schedule on the Page 6, **circle all classes (technique and level repertory) the student is taking.**
2. Using only the number of technique hours from Point 1 above, choose the appropriate line on the Tuition Chart and record your Tuition in point 3 c. below. If tuition chart is not attached, contact the studio for tuition prices.
3. Calculate Initial Payment
 - a. Annual Registration* --- \$25/student, or \$35 after Aug 11th for returning students \$_____
 - b. Annual Performance Fee*# --- Creative Dance – Three payments of \$60/student; Primary – Level 6 – Three payments of \$80/student; Family – Three payments of \$110. For students not participating in the Nutcracker, fee is discounted by 50%. The first payment of the Performance Fee is due at registration. \$_____
 - c. Monthly Tuition (from Tuition Chart if included or contact studio for details) ## For Levels 2-6 Unlimited Package is the best value - Up to 15% Savings! _____
 - d. Uniforms/Sportswear _____

| Uniforms and Sports Wear Order | | | |
|--|---------|---------|--------|
| Item | Size | | Amount |
| | Child | Adult | |
| Black Leotard | \$32.50 | \$37.50 | |
| Nude Leotard | \$26.00 | | |
| Tights | \$17.00 | | |
| Hip Alignment Belt | \$7.00 | | |
| ACB Logo T-Shirt | \$12.50 | \$17.50 | |
| ACB Nutcracker T-Shirt | \$20.00 | | |
| ACB Logo Jacket | \$36.00 | \$42.00 | |
| ACB PJ Bottoms | \$22.00 | | |
| Dance Bag w/ Logo | \$32.00 | | |
| Total | | | |
| <small>*15% Discount good 30 days from Registration Date</small> | | | |

Total Charge _____

Submitted _____ **Check # or Cash** _____ **Cash received by** _____ **Credit Card** _____

* Annual Registration and Performance Fees are non-refundable. Performance Fee is not required for adult students who do not perform. Performance Fee covers participation in both the winter and spring performances and their DVDs. Must be enrolled at the time of the performance to receive the DVD.
 # Mandatory for all students enrolled in ACB. Fee covers both the winter and spring performance. One third of the Annual Performance Fee is due at registration. The remaining portion will be billed over the following two months. Performance Fee may be reduced by selling program ads. See Handbook for details.
 ## Dancers not participating in Repertory should subtract the following amounts from their monthly tuition: \$25 for Creative Dance, \$35 for Primary – Level 2, and \$65 for Level 3-6. Dancers not participating in Repertory pay half the performance fee.

Special Notes – Please check the boxes to indicate that you have read these notes

- Boys Scholarship is 50% (boy’s ballet class excluded). Sibling discounts do not apply to scholarship students
- Sibling discount of 15% is offered to the sibling(s) with the lowest tuition.
- Winter Performance dates are Dec 1, 8. Spring Performance dates are June 7, 8.
- I have read and understand the ACB Class Make Up Policy
- Classes that do not meet minimum enrollment may be subject to cancellation or a small class premium.
- For existing students, we do not prorate tuition in the 1st, 5th, or 10th Billing Cycles. See Handbook for details.
- Students are required to wear the school uniform for all ballet and repertory classes
- 30 Day Written Notice is required for all class drops and withdrawals**
- To ensure a uniform look on stage, each performing dancer will be provided a new pair of tights for the winter and spring performances – No Exceptions! Your account will be billed in November and May.**

Parent/Guardian Signature: _____ Date: _____

Academy of Classical Ballet

2018-2019 Calendar and Class Schedule (As of July 23 - Subject to Change)

Classes Begin Aug 13th -- Classes End June 8th

Winter Performance - Dec 1, 8 Spring Performance - June 7, 8

Classes not meeting minimum enrollment may be cancelled, combined, or have a Small Class Premium

| Day | Studio A | Studio B | Studio C |
|------------------|---------------------|----------------------------------|-----------------------------|
| Monday | 4:45 pm - 6:00 pm | Level 2 Ballet Technique | 4:45 pm - 6:00 pm |
| | 6:00 pm - 7:00 pm | # Pilates Levels 2-6 (Tech) | 6:00 pm - 7:00 pm |
| | 7:15 pm - 8:00 pm | | 7:00 pm - 8:00 pm |
| Tuesday | Closed | | Closed |
| Wednesday | 4:30 pm - 5:30 pm | Level 1 Ballet Technique | 5:00 pm - 6:00 pm |
| | 5:30 pm - 6:30 pm | Level 1 Repertory - Arabian | 6:00 pm - 7:00 pm |
| | 7:30 pm - 8:30 pm | Flowers Repertory - Levels 4-6 | |
| Thursday | Closed | | Closed |
| Friday | 6:15 pm - 7:45 pm | Level 5-6 Ballet Technique | |
| Saturday | 8:30 am - 9:45 am | Level 2 Ballet Technique | 8:45 am - 10:00 am |
| | 9:45 am - 10:30 am | Creative Dance 1 | 10:00 am - 11:00 am |
| | 10:30 - 11:00 am | Creative Dance III/II Repertory | Level 3 Repertory - Spanish |
| | 11:00 am - 12:00 pm | Creative Dance II | Primary Technique |
| | 12:00 pm - 1:15 pm | Party Scene Repertory * | |
| | 1:15 pm - 2:15 pm | Snow Level 3 - 6 Repertory | |
| | 2:15 pm - 3:00 pm | Primary Repertory - Act 3 Angels | Level 1 Technique |
| | | | |

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| | | | |

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|----------------|
| Heather Harr |
| Katharine Frey |
| Eric Hipolito |

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|----------------|
| Dawn Romanini |
| Kristen Lucero |
| Scott Martin |

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|----------------|
| Debra Scholz |
| Juliana Fisher |
| |

Drop In Rate is \$17.50/hour

Students enrolled in Repertory Classes marked in Bold/Italics must pay both the Winter and Spring Stage Fees.

Repertory Classes do not meet 12/10-19

- Levels 2-4 are strongly encourage to take Pilates. To encourage attendance, this class is billed at 0.5 hours.

- Bing yoga mat. Depending on space availability, this class is open to non dancers as well. See Gary for details.

* All Repertory dancers should plan to attend rehearsal on Saturday from 11:00 AM - 12:15 PM and will be assigned to either Party or Battle. Afterwards, all students may not be required for each attendance. Check Parent Letter for more details. * Some Sunday Rehearsals may be required. See Parent Letter for more details.

School Closures

Labor Day -- Sep 3
Picture Day -- Nov 10
Thanksgiving -- Nov 21-24

Winter Recess -- Dec 21 - Jan 5
MLK Holiday -- Jan 21
President's Day -- Feb 18

Spring Break -- March 16-22
Picture Day -- May 11
Memorial Day -- May 27