



STUDENT REGISTRATION

FOR OFFICE USE ONLY

Received: _____

Enrolled: _____

CONTACT INFORMATION

Student Name _____

Address _____ City _____ Zip _____

Date of Birth ____ / ____ / ____ Age _____

Parent/Guardian Name _____

Email _____ Phone _____

Emergency Contact _____ Phone _____

Allergies, present medication, special considerations, etc. ☐ Yes ☐ No

If yes, please explain _____

PREVIOUS EXPERIENCE

How did you learn about us? _____

Do you have previous ballet training? ☐ Yes ☐ No If yes, where and how long? _____

On pointe? If so, how long? _____

SELECT CLASSES

OF CLASSES/WEEK _____

CLASS	DAY OF THE WEEK	TIME
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STUDENT REGISTRATION

REQUIRED LIABILITY / WAIVER RELEASE

Student Name (Printed) _____

Guardian Name (Printed) _____

Please read the Liability/Waiver Release form carefully. This is a release of liability and waiver of certain legal rights. A release is required for enrollment into the Academy.

GENERAL RELEASE

As the enrolled participant and/or the parent/guardian of the enrolled participant, I agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Nylia Ballet Academy and hereby agrees to indemnify and hold harmless Nylia Ballet Academy, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of the Nylia Ballet Academy. The participant also agrees to indemnify Nylia Ballet Academy for any damages incurred arising from any claims, demand, action or course of action by the participant. It is also understood that dance instruction involves kinetic corrections that may include physically touching a student as part of regular class work and rehearsals. Parents or students with any concerns should speak with their instructors before class.

MEDICAL TREATMENT

The enrolled participant authorizes any representative of Nylia Ballet Academy to have the participant treated in any medical emergency during their participation in activities of the Nylia Ballet Academy. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. Any special medical/health problems of which the staff should be aware will be submitted to the Academy Office before participation begins.

TUITION POLICY

Nylia Ballet Academy charges tuition by student and is non-refundable. A full month's tuition is charged for all months, including those with 5 weeks, holidays or missed classes. Students are allowed to makeup classes within 2 weeks of the absence. Payments received after the due date (the 1st of the month) are subject to a late fee of \$10 per month, which will be strictly enforced. Late fees will be automatically added to your account. A cancellation fee of will be strictly enforced for any cancelled registration.

PRIVACY POLICY

As the enrolled participant and/or the parent/guardian of the enrolled participant, I authorize Nylia Ballet Academy and/or its representative, agent, or employee to photograph and/or videotape and use any photograph/likeness of me or my minor child for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the Directors.

Guardian (Student if over 18) Signature

Date