

Enrolling In: (Level) _____

Student's First and Last Name: _____ Birth date: ____/____/____

Responsible Party's Relationship: _____

Responsible Party's First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____ (Cell): _____

E-mail: _____

In Case of Emergency Contact:

Name: _____ Relationship: _____

Telephone (Home): _____ (Work): _____ (Cell): _____

Any Medical Information: _____

I (please print) _____ agree to the Curriculum Program, having read the Academy Handbook, understand the obligations that I am responsible to meet regarding payments and payment options; registration, production/costume fees; requests for withdrawals and refund policies.

Liability Release: I do hereby agree to release the Ballet Idaho Academy and all other cooperating agencies, employee, officials or managers thereof, from all liability for damages by reason of injuries or property damages that may be sustained as a result of participation in this program.

Photo Release: I, the undersigned, hereby give Ballet Idaho, its agents, and/or assignees permission to use the photographs, motion pictures or any reproductions of the above student's physical likeness taken in any manner it deems proper. I relinquish all rights, title and interest I may have in the finished pictures, negatives and copies. I waive the right of prior approval to any finished products, advertising copy or other matter or use that may be applied and hereby release Ballet Idaho, its agents, and/or assignees from any and all claims from damages of any and all kinds based on the use of said material. I hereby warrant that I am a parent or legal guardian of the subject of photography, who is under 18 years of age and am competent to act in his/her behalf insofar as the above is concerned.

Late Payments: I understand that late payments will result in the students' suspension from class until all payments are current.

Note: Registration fees are non-refundable. Tuition refunds will not be available after two weeks of attended classes. In the event of an individual circumstance involving prolonged illness, injury or a relocation, Ballet Idaho may consider a refund on a case-by-case basis. You may be asked to provide written verification from a physician or a proof of relocation. Requests for withdrawal must be delivered to the Business Manager by mail or email.

Parent/Guardian Signature

Date

Tuition:

- 1 - \$816.00
- 2 - \$1,020.00
- 3 - \$1,547.00
- 4 - \$1,879.00
- 5 - \$2,050.00

Monthly (8 pymnts):

- 1 - \$102.00
- 2 - \$127.50
- 3 - \$193.38
- 4 - \$234.88
- 5 - \$256.25

Visit us at - www.balletidaho.org

Registration Fee: \$25 (one time) --- (\$5 each additional child)

ADMINISTRATION ONLY:				
Circle: PIF	PAYPLAN	Registration Fee: <u>\$25</u>	TOTAL: \$ _____	}
CC CHK CASH	CC PD Monthly	Class/es Total: \$ _____	Payment: \$ _____	
			DW _____	DEPOSITE _____