



Mailing Address:
P.O. Box 99072
San Diego, CA 92169

Telephone:
858-274-6058

Studio Address:
941 Garnet Avenue
San Diego, CA 92109

Box Office Telephone:
858-272-8663

Website:
www.cityballet.org
email: info@cityballet.org

Fax:
858-272-8375

2020-21 Adult Registration Form

Name _____ Date _____
(Last) (First)

Address _____ City _____ Zip _____

(Home) Phone _____ Cell _____

E-Mail _____

Occupation _____

Employer _____ Work Phone _____

Person to call in case of emergency _____ Phone _____

Any serious medical or emotional problems _____

Previous Dance Training (type, length of time, teacher) _____

How did you hear about City Ballet School? _____

Which classes will you be attending? _____

Annual Registration Fee of \$20 enclosed: Check # _____ Charge _____ Cash _____

Credit Card # _____ - _____ - _____ Exp. Date _____
(optional) (Visa or Mastercard only)

Signature for credit card payment _____ CVV# _____

I wish to pay tuition: (choose one) with class cards _____ per class _____

_____ I am a new student who has registered within the last 6 months. Month registered: _____
(New students who registered and paid registration fee within the last 6 mos. do not include the \$20 yearly registration fee.)

***Please Note: Due to limited class sizes, we now ask that all adults please call at least 24 hours in advance of any class you wish to attend, to reserve your spot in class, and have your class card punched or pay for class with a credit card. (Visa or Mastercard only.)
Call 858-274-6058 (M-F) 11:00am to 6:00pm, and Sat. 10:00am to 2:00pm.**

Please see reverse side for important information and signature required.

(Office Use Only) Date _____ Amt \$ _____ Cash /CC/ Check # _____ Received by _____ Receipt # _____
2020-21

WAIVER AND RELEASE: I, _____, wish to attend the City Ballet School. I give my permission for City Ballet to use any photos and/or video taken for use in promoting the School and/or Company. I give my permission for the City Ballet staff to call a doctor or the one listed below in the event of an emergency and I will assume all financial costs incurred. I recognize the risks of illness and injury inherent with any dance exercise program and I wish to participate in City Ballet School's program upon the express agreement and understanding that I am waiving and releasing the School and/or staff from any and all claims, costs, liabilities, expenses, judgments, including attorney's fees and court costs (herein collectively "claims") arising out of my participation in any event or program given or sponsored by the School and/or Company and any illness or injury resulting therefrom. I hereby further agree to indemnify and hold harmless the School and/or Company from and against any and all such claims except claims proximately caused by the gross negligence or willful misconduct of the School and/or Company.

Doctor's Name _____ Doctor's Phone _____
(Optional)

City Ballet Adult Tuition and Refund Policy

1. Payment for classes is due and payable in advance. Tuition may be paid per single class or by purchasing class cards. Class cards may be used for Open Classes and Adult Classes only. Class cards expire 6 months from the date of purchase.
2. Signed registration form and \$20 yearly Registration Fee is required to purchase class cards.
3. **Tuition is not refundable or transferable.**
4. All classes are subject to change and the management reserves the right to engage a qualified substitute teacher when the regular teacher cannot attend. **If San Diego County Health Dept. mandates no in-person classes, classes will be via Zoom.**
5. CITY BALLET SCHOOL observes these pre-scheduled holidays: Labor Day, Thanksgiving Day, two week Christmas break, Martin Luther King Day, Easter Sunday, Memorial Day, and July 4th.
6. There is a yearly registration fee of \$20 for all registered students.
7. Returned check with Insufficient Funds incurs a \$25 fee.
8. A signed Covid-19 waiver will be required on file before attending any City Ballet School classes.

I have read and accepted the above WAIVER AND RELEASE and TUITION AND REFUND POLICY:

Signature (Required)

Date