cityballetschool

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2026-27 ADULT STUDENT REGISTRATION

Date _____

Name _____
First Last

Address _____ City/State_____ Zip_____

Phone/s _____

Email/s _____

Occupation _____

Employer _____Work Phone_____

Emergency Contact _____Phone_____
Name

Any serious medical or emotional problems_____

Previous Dance Training _____
(Type, length of time, teacher/school)

How did you hear about City Ballet School? _____

Which classes will you be attending? _____

I wish to pay for classes: With class card ____ (registration fee required) or Per single class ____ (registration fee not required)

NOTE: If you registered and paid the $25 registration fee within the last 6 months previous to the date on this form, do not pay the annual registration fee again at this time. Please indicate month you previously registered and paid registration fee: _____

Pay Annual $25 registration fee now with: Credit Card ____ Check # _____ Cash _____

Credit Card # _____-_____-_____-_____ Exp. Date _____/_____ CVV#_____
(optional) (Visa or Mastercard only) If you are a new student registering by email your credit card will not be charged until you arrive for your first class.

Signature for credit card payment _____

Annual Registration Fee of $25 (required to purchase class cards): $ _____

Add Class Card: $ _____

Single Class: $ _____

Total Amount Paid: $ _____

Please see reverse side for important information and required signature

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

WAIVER AND RELEASE: I, _____, wish to attend the City Ballet School. I give my permission for City Ballet School and/or Company 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 (including COVID-19) 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 City Ballet School and/or City Ballet Company and any illness, including COVID-19 and all COVID-19 associated effects, 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)

ADULT HEALTH, PAYMENT, AND REFUND POLICY

1. Payment for classes is due and payable in advance BEFORE class begins. Classes may be paid for per single class or by purchasing class cards. Class cards may be used for Adult Classes only. Class cards expire 6 months from the date of purchase. Class times range in length from 1 hour to 1.5 hours.

2. A signed registration form is required from all students in order to purchase class cards. We also recommend returning a registration form to receive email updates and notices concerning the class schedule. City Ballet School will notify **registered** students of any schedule changes by email.

3. **Payments are not refundable or transferable. There are no refunds.**

4. **Students may not attend class if ill or showing any symptoms of illness.** Do not come to class if you are not feeling well or have any symptoms of illness. Teachers reserve the right to dismiss any student from class with symptoms of illness.

5. All classes are subject to change and the management reserves the right to engage a qualified substitute teacher when the regular teacher cannot attend.

6. CITY BALLET SCHOOL observes these pre-scheduled holidays and is CLOSED: Labor Day, Thanksgiving Day, three-week Christmas break, Martin Luther King Jr. Day, Easter Sunday, Memorial Day, Juneteenth, and July 4th.

7. There is a yearly registration fee of $25 for all registered students who wish to purchase a class card. Returned check with Insufficient Funds incurs a $25 fee.

I have read and accepted the above **WAIVER AND RELEASE** and **ADULT HEALTH, PAYMENT, AND REFUND POLICY**

_____ _____

Signature Required **Date**