

Baird Ballet Inc. Registration Form 2020-2021

Student's Name (oldest) _____ Date of Birth _____

Student's Name _____ Date of Birth _____

Student's Name _____ Date of Birth _____

Parent's Name _____ Home Phone _____

Address _____ City/State _____ Zip _____

Cell Mother _____ Cell Father _____ Emergency number _____

Email _____ Please print email _____

School attends _____

Years of previous dance training Ballet _____ Tap _____ Jazz/Hip Hop _____ Other _____

Time and day of class will attend _____

Other Classes _____

Who will be responsible for paying tuition? (please fill out if other than parents)

Name _____ Address _____

City/State _____ Zip _____ Cell _____

The Baird Ballet has permission to use photographs that may be taken in the studio or performing that may include your child for

any advertising such as brochures, newspaper or Baird Ballet website Circle YES or NO

Confidential

Is there anything special we need to know about the student? Medical or medications _____

Learning/behavioral/handicaps _____

I understand and agree to the following (initial each)

____ 1. Tuition is based on a nine month fee (Sept-May) and may be paid monthly

____ 2. Tuition payments are due by the 10th of each month. A \$5 late fee will be charged for late payments

____ 3. Tuition and costume payments must be current for student to participate in any Baird Ballet performances

____ 4. If student needs to withdraw from classes, I will notify the office before the 1st of the next month. Tuition will still be charged during the month the student withdraws. Classes missed or not pro-rated.

____ 5. Registration fee for new students is \$20 plus the first month's tuition. Registration fee is waived for returning students if register by August 8 for Rome students, August 15 for Summerville students:

_____6. I acknowledge the contagious nature of the Coronavirus and will follow all protocol and safety measures Baird Ballet has in place. Baird Ballet will not be responsible for any medical treatment that may occur from the virus

_____7. By signing below, I do hereby release Baird Ballet and their agents or representatives of liability for my child (or myself) of any injury to my child (or myself) in class, while on the school campus, or while participating in Baird Ballet sponsored performances. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on the student's registration form. In the event next of kin cannot be contacted for the health and well-being of my child (or myself), I hereby authorize the director or instructor of Baird Ballet to authorize whatever medical treatment that might be necessary in an emergency situation. I understand that my medical insurance carrier and I are financially responsible for any medical treatment extended to my child (or myself), and that Baird Ballet and its agents or representatives cannot be held accountable or liable for such medical treatment.

SIGNATURE _____ **Date** _____