

STUDENT(S) ENROLLING:

1. First Name _____ Last Name _____ D.O.B. ___ / ___ / ___ Sex: _____ Age _____

2. First Name _____ Last Name _____ D.O.B. ___ / ___ / ___ Sex: _____ Age _____

3. First Name _____ Last Name _____ D.O.B. ___ / ___ / ___ Sex: _____ Age _____

PARENT/GUARDIAN INFORMATION:

(Last) _____ (First) _____

Home Address: _____ City _____ State _____ Zip _____

Phone: (Cell) (____) _____ (2nd#) (____) _____ INSTAGRAM: _____

(E-mail #1) _____ (Student e-mail #2) _____

****Any Medical Condition:** _____

****Emergency Contact:** _____ (phone) _____

Student #1

Student #2

Student #3

***I understand that monthly tuition must be paid in monthly installments due the 1st of every month from August 7, 2023, to June 22, 2024. It's an 11 month contract:**

Parent or Student Signature (if student is over 18) **Date**

I will be paying my tuition by: Zelle (754) 303-9412 ___ / **Invoice Via Email:** _____ **Check** _____

Card Number _____ Exp date: ___ / ___ / ___ CVV# _____

Billing Information: (Last) _____ (First) _____

Home Address: _____ City _____ State _____ Zip _____

****Office use Only Please do not fill out this box****

Monthly Tuition: _____ Yearly Tuition: _____

Promotional/Family Discount (Company Packages not Included): 10% _____

Registration Fee: _____

Fort Lauderdale Youth Ballet

Policies and Guidelines FORM 2023-2024 (Page 2 of 3)

Policies and Guidelines *(Please read and initial)*

_____ I acknowledge to have read the terms of this agreement in its entirety. I understand that under the terms of this agreement, the Ballet Studio obligates itself to furnish the student with competent instruction and suitable facilities for teaching lessons. All class sessions are supervised by qualified personnel trained in the procedures and traditions of dance instruction.

_____ Student(s)/Guardian(s) hereby declares and confirms that he/she is physically able to take the prescribed course of instruction.

_____ I understand that tuition is to be paid in the specified installments listed on page 1 of this form and is not affected by lesson schedule and/or attendance.

_____ **I understand that the tuition in this agreement is due monthly and consists of up to 11 payments August – June.** Tickets, photography packages, DVD's, performance fees etc., are NOT included in the tuition. If for any reason my child withdraws from FLYB all future payments will be terminated. Written notification must be given seven days prior to your monthly payment.

_____ I acknowledge that **FLYB** is not responsible for any injuries a pupil may receive while on the premises. Each student assumes the risk involved in participating in any Dance related classes or performances. I release the school, its staff members, and any fellow students from any liabilities resulting from any personal injury and/or loss of personal property. I hereby agree to all terms and conditions of the liability waiver.

_____ I will faithfully comply with all rules and regulations of Fort Lauderdale Youth Ballet facility and follow the guidelines when regulated by the CDC.

_____ If payment is done by credit card on file payment, I authorize Fort Lauderdale Youth Ballet to debit (credit if necessary) my bank account using ACH or debit my credit card automatically on behalf of Fort Lauderdale Youth Ballet. The information I have provided to Fort Lauderdale Youth Ballet is true and correct to the best of my knowledge.

_____ I agree to pay the facility for the instructional services rendered the fee listed above, payable in installations as agreed. I understand that my account will be debited on the day and in the amount agreed to with the school. I acknowledge that there will be a \$35.00 fee for each returned check due to insufficient funds

_____ All parents and students will conduct themselves in the utmost appropriate manner at all times, including performances and events outside of the Facility, representing Fort Lauderdale Youth Ballet. We reserve the right to forfeit this agreement and to remove a student from our studio for any actions we deem as misconduct and/or inappropriate by the student, family member, or friend of the student.

_____ There are no refunds at any time, including missed classes for personal reasons, inclement weather, or acts of God. I understand that if Broward County Schools are closed due to inclement weather all classes will be canceled for that day as well. However, your account may be frozen due to a doctor documented medical excuse. These will be dealt with on an individual basis and are at the discretion of the Director.

_____ **FLYB will be videotaping and/or taking photographs of our students in class, special events, and performances. We would like your permission to use these photographs for publicity purposes and to show you and the community organizations some of the programs at Fort Lauderdale Youth Ballet.**

_____ **Fort Lauderdale Youth Ballet** reserves the right to untag any ballet picture that the post does not represents properly FLYB and could compromise the reputation of the studio. So please consider before posting any pictures in social media.

Parent or Student Signature (if student is over 18)

Date

INSTAGRAM Accounts giving permission to tag any posts _____

Fort Lauderdale Youth Ballet

Waiver of Liability and Release Agreement FORM 2023-2024 (Page 3 of 3)

I, _____ (parent guardian), in connection with my son/daughter, _____ (“the participant”), attending and participating in classes and /or ballet activities at Fort Lauderdale Youth Ballet hereby agree as follows:

Acknowledgement of Risks and Responsibility

The Undersigned understands that there are certain dangers, hazards, and risks (foreseen and unforeseen) inherent in attending and participating at the Fort Lauderdale Youth Ballet studio, including without limitation, risks related to use of equipment and facilities, personal safety (including risks of minor and serious injury), and risks of property damage.

In recognition of the dangers, hazards, and risks associated with attending Fort Lauderdale Youth Ballet, the Undersigned confirms that the participant is physically and mentally capable of attendance and participation in all activities and use of all equipment associated with the Fort Lauderdale Youth Ballet. The participant is willingly and voluntarily attending and participating and the Undersigned agrees that they and the participant shall assume all dangers, hazards and risks (foreseen and unforeseen) inherent in, arising from or related to the participant’s attendance and participation in the Fort Lauderdale Youth Ballet studio.

Participant’s Health

In anticipation of the participant’s enrollment in the Fort Lauderdale Youth Ballet, the Undersigned and participant have consulted with a medical doctor with regard to the participant’s medical condition. The participant has no physical or mental conditions which would cause him/her to be a danger to himself/herself or to others, is capable of participating in all activities associated with the Fort Lauderdale Youth Ballet.

Preferred Hospital: _____ Doctor: _____

Drs. Phone:(____) _____ Insurance Policy Name and Number: _____

Waiver of Fort Lauderdale Youth Ballet Inc. Liability RELEASE AND HOLD HARMLESS

In consideration of the attendance and participation in the Fort Lauderdale Youth Ballet studio and knowing the dangers, hazards, and risks (foreseen and unforeseen) of attending and participating in the Fort Lauderdale Youth Ballet studio, the Undersigned, for themselves, any other parent and the participant, understands(s) and agree(s) to RELEASE AND HOLD HARMLESS Fort Lauderdale Youth Ballet Inc. and its current and former officers, directors, employees, attorneys, representatives, and agents and waive any claim for injury and damage resulting from the participant’s attendance and participation in the Fort Lauderdale Youth Ballet studio.

Acknowledgement

It is the express intent of the Undersigned that this Agreement shall bind the undersigned, any other parent, the participant, the participant’s family, estate, heirs, administrators, personal representatives or assigns. The Undersigned acknowledges that they have read and understand this document and the RELEASE AND HOLD HARMLESS provisions.

The above named participant has my permission to participate in the Fort Lauderdale Youth Ballet program. If contact is unsuccessful, I give my permission to the attending camp director to render medical treatment to the participant, including (if necessary) hospitalization. Any expenses arising from the injury or illness is the responsibility of the person signing below.

Parent/Guardian printed name: _____

Signature: _____

Emergency phone #: (____) _____ Date: _____