2015- 2016 REGISTRATION FORM -PLEASE REGISTER ONLINE!

Use this form only if you cannot register online at <u>pacificballet.org</u>. Be aware that you may not get your first class choice since the online registration is instantaneous.

Please fill out both sides of this form, select your classes, and return with registration fee and tuition payment

No confirmation will be sent, and you will be contacted only if there is a problem. Priority registration for returning students through July 10, 2015, then first-come, first-served.

CLASSES BEGIN MONDAY, AUGUST 24th – please return registration before this date!

STUDENT REGISTRAT			CLASS SCHEDULE FORM	
*** PLEASE FILL OUT FORM CLEARLY AND COMPLETELY ***				
I am	a: Returning student	New student	(please circle one)	
Student's Name				
Birth date	Age	Grade	Adult	
Rilling Name (Parent /Guardia	an)			
Address		City	State/Zip	
Home Phone # ()	Cell # ()	Work # ()	
Email Address				
We will use this to keep you in	nformed of important inform	nation!		
Emergency Contact (other th	an parents):		Phone Number ()	
Medical Information: any pre-	existing allergies, medicatio	ons, or medical con	ditions that we should be aware of? Y N	
How did you hear about us?		V 11 D	1 1 01	
How did you hear about us? Internet search_ Our website_ Yellow Pages Online_ Yellow Pages book_ Ads_ Other				
Would you like to volunteer time to support Pacific Ballet Academy? Please indicate any prior experience below: _Boutique _ Fundraising _ Grant-writing _ Media Relations _ Marketing _ Office Assistant _ Backstage _ Costumes				
_ Boutique _ Fundraising _ G	ant-writing _ Media Relatio	ons _ Marketing _ (Office Assistant _ Backstage _ Costumes	
PLEASE INITIAL AFTER READING EACH STATEMENT:				
Assumption of Risk, Liability Waiver, and Release				
			commonly referred to as 'I"), I am aware that	
all forms of dance and rigorous exercises, performances, and other related school activities are physically				
demanding, may be hazardous, and carry with them possible risks of physical injury, contracted illness, and other				
			ue to natural causes, negligence of PACIFIC	
			ties. PACIFIC BALLET ACADEMY may at	
times involve various third parties, not employees, to instruct participants in various activities. I choose to enroll in PACIFIC BALLET ACADEMY School activities, agree to pay the required costs thereof,				
-	risks of DAMAGES wn	ille participating	in school activities in their facilities, or any	
performance venue.	accented by PACIFIC B	ALLET ACADE	EMY to participate in any activity, I hereby	
			Γ ACADEMY, its employees, its non-profit	
			wners, from any and all liability, claims and	
			BALLET ACADEMY School activity	
(please initial)			through the school year and Summer 2016.	
Medical Consent Waiver				
I understand that as parent or guardian, I will be contacted if medical attention is required during class time. If I				

cannot be reached, I hereby authorize an administrator/instructor of Pacific Ballet Academy to arrange for

treatment as necessary, and I will be responsible for any charges incurred.

(please initial)

Refund Policy I understand that I am responsible for the entire tuition of the term(s) for which I have registered. 5 weeks prior notification must be given, in writing , to the office, before termination of attendance. Students under age 6 may give 2 weeks termination notice. Refunds can only be made for prolonged illness or injury, verified by a doctor, or permanently leaving town. There are no refunds for voluntary withdrawal or missed classes during the term. Make-up classes can be taken within one month of the date of the missed class & prior to the end of term. (please initial)
Photographic Waiver I understand that Pacific Ballet Academy will videotape and photograph students for promotional, educational, and archival purposes, and by my participation, I agree to waive all claims to these materials.
I HAVE READ AND UNDERSTOOD THE ABOVE AGREEMENT AND VOLUNTARILY AGREE TO SIGN

THIS DOCUMENT AND TO ABIDE BY THE POLICIES AND PROCEDURES LISTED HERE: PRINT NAME: Signature: Date: _____ (Parent/ Legal Guardian or Student if over 18) Previous ballet training? Yes / No Length of training _____ # of classes per week_____ Do you intend to enroll for the whole school year? Yes/No Will you be participating in our Nutcracker (Nov 27-29)? Yes / No Will you be participating in our Spring Showcase (May 7-8)? Yes / No Name of School and Teachers Summer Courses taken/ performing experience/ other information: Past year's Level & Class Schedule at PBA or other schools: TERM: (please circle one) 8/24/15- 1/17/16 1/18/16- 6/4/16 PREFERRED CLASS SCHEDULE (Please include Day, Level & Time): Total hours per week: _____ Comments MY ENROLLMENT AND TUITION FEES ARE ENCLOSED Date submitted _____ ENROLLMENT FEE: \$70 each for new student, \$50 each for returning student \$70 / \$50 (circle one) TUITION FEE: Check <u>Term Rates</u> based on total hours per week Total hours per week: = \$ Sorry, we do not accept credit cards. TOTAL: MAKE CHECKS PAYABLE TO: (Registration + Tuition) **Pacific Ballet Academy**

Mail to: P.O. Box 765, Los Altos, CA. 94023 or drop off at studio in payment drawer.

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