



# Ballethnic Academy of Dance

(Bal-eth-nik) The Official School of Ballethnic Dance Company

Mailing Address  
P.O. Box 90489  
East Point, GA  
404-762-1416  
www.ballethnic.org

## Registration Form

DATE: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ years old Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

### YOUTH APPLICANTS (age 21 and younger):

Student's School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Mother's Name (or Guardian) Father's Name (or Guardian)

\_\_\_\_\_  
Address if different from above Address if different from above

\_\_\_\_\_  
City, State, Zip City, State, Zip

\_\_\_\_\_  
Employer/Occupation Employer/Occupation

\_\_\_\_\_  
Telephone: Day and Evening Telephone: Day and Evening

\_\_\_\_\_  
E-mail Address E-mail Address

### ADULT APPLICANTS:

\_\_\_\_\_  
List spouse or other contact Phone

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

### ALL APPLICANTS: EMERGENCY CONTACTS (List Two):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

LIST ANY MEDICAL CONCERNS, ETC.

### PREVIOUS DANCE TRAINING:

Have you taken class (es) at Ballethnic Academy of Dance before? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

School: \_\_\_\_\_ Years of Training: \_\_\_\_\_

### REGISTRATION FORM

- ( ) Youth Student
- ( ) Adult Student

### SESSION:

- \_\_\_ Fall
- \_\_\_ Summer
- \_\_\_ Arts Transition Camp
- \_\_\_ Pre-Camp
- \_\_\_ Dance Diversity Workshops
- \_\_\_ UN
- \_\_\_ TLT
- \_\_\_ Other: (indicate below)



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## Ballethnic Academy Payment Agreement

\*\*Monthly payments are processed through an automatic draft from your account only.

Registration (*A non-refundable fee per student*)

**\$50.00 Registration Fee**

\*\*BAPA Monthly: \_\_\_\_\_ 5<sup>th</sup> / 20<sup>th</sup> beginning on \_\_\_\_\_

\*Semester: (*September-December*) (*January-May*)

1<sup>st</sup> payment \_\_\_\_\_ due \_\_\_\_\_

2<sup>nd</sup> payment \_\_\_\_\_ due \_\_\_\_\_

Full Payment \_\_\_\_\_

I understand that I am committing to \$ \_\_\_\_\_ monthly from now until May.

Or two \*equal payments of \$ \_\_\_\_\_ Payment must be received before attending class.

✍️ Parent / Guardian Signature \_\_\_\_\_

Level Assigned \_\_\_\_\_

## TO BE COMPLETED BY DANCER:

I agree to be on my best behavior and follow all class and rehearsal rules. I will adhere to Ballethnic Academy of Dance dress code; if not, a warning, then a fine or an immediate dismissal will apply.

✍️ Dancer's Signature \_\_\_\_\_

✍️ Parent's Initial \_\_\_\_\_ Date \_\_\_\_\_

## LATE PICK UP FEE:

There will be an added charge due upon arrival of **\$15.00** for (15 minutes past schedule class) and **\$5.00** every 15 minutes there after.

✍️ Parent / Guardian Signature \_\_\_\_\_

## WITHDRAWAL POLICY:

To withdraw from classes students must submit an official Academy withdrawal form. All fees are due at time of the withdrawal. **Fees will continue to accrue until student is officially withdrawn.**

✍️ Initial \_\_\_\_\_

If you must withdraw for medical reasons, refunds will be provided as follows: 70% if notified up to three weeks prior: 40% if notified up to one week prior. NO refunds will be given, for any other reasons.

## ABSENCES:

As a policy of Ballethnic Academy of Dance, there will be no refunds for absences.

\*Any student absent for a month or more will have to re-register\*

✍️ Initial \_\_\_\_\_



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## Release/Consent Form

Please read carefully and completely

### MEDICAL RELEASE TREATMENT FORM:

In the event of a life threatening injury or illness, I authorize Ballethnic Dance Company to contact EMS for transport \_\_\_\_\_ (child's name) to the nearest medical center or hospital for treatment

✍ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### MEDICAL RELEASE FORM:

Ballethnic Dance Company and dance instructors of Ballethnic Academy of Dance, its directors, officers, employees, owners and agents are hereby released of any and all liability for accidents, injuries, illnesses arising from Covid 19 or other damages arising from the above-named student's participation in the classes or rehearsals at Ballethnic Academy of Dance.

✍ Signature \_\_\_\_\_

Date \_\_\_\_\_

### PHOTO AND PRESS RELEASE:

Ballethnic Dance Company and (BDC)/Ballethnic Academy Dance (BAD) reserves the right to use images and like forms of images of all persons enrolled in Ballethnic Academy of Dance. This is at the sole discretion of Ballethnic Dance Company Inc. Images compiled will be used in Public Relations, Marketing, Advertisement, and other media.

I \_\_\_\_\_ (Parent / Guardian) give Ballethnic Dance Company /Ballethnic Academy Dance/WSB TV my permission to use my child's (child's name) \_\_\_\_\_ images for the above stated use as of this date \_\_\_\_\_, 2020. Only to be used in conjunction with Ballethnic Dance Company Inc. Programs.

✍ Signature \_\_\_\_\_

Date \_\_\_\_\_

**Individuals must re-enroll if account is over 30 days delinquent or if student is absent for a month or more.  
ALL MONTHLY PAYMENTS ARE PROCESSED THROUGH  
AUTOMATIC TUITION MANAGEMENT.**

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ALL MONTHLY PAYMENTS ARE PROCESSED THROUGH BALLETHNIC ACADEMY PAYMENT  
AGREEMENT.**