

## Manassas Ballet Academy - 2021 Summer Registration Form

Student's Name:			Registration Date:	Current Ballet Level:
Age:	Grade:	DOB:	Previous Training: Y/N	How Long:
Street Address:			City:	Zip:
Parent/Guardian Name(s):				
Home Phone:			Father's Phone:	
Mother's Phone:			Father's Email:	
Mother's Email:			Emergency Point of Contact (POC) Name & Phone:	
Student's Email & Cell Phone:			How Did You Hear About Us?	

### PAYMENT

Full Intensive 1 June 28-July30			Hourly Rate	Amount Due	Total Amount Due	Amount Paid	Date Paid	Method <small>(Cash Receipt #, Check #, Visa, MC, Discover)</small>		
Full Intensive 2 August 2-20			Hourly Rate	Amount Due	Total Amount Due	Amount Paid	Date Paid	Method <small>(Cash Receipt #, Check #, Visa, MC, Discover)</small>		
# of Weeks	# of Hours per Week	Total # of Hours	Hourly Rate	Amount Due	Total Amount Due	Amount Paid	Date Paid	Method <small>(Cash Receipt #, Check #, Visa, MC, Discover)</small>		
<b>Dates Attending:</b> <small>(circle applicable dates)</small>			1. June 28,29,30 July 1, 2	2. July 5,6,7,8 & 9	3. July 12,13,14,15 & 16	4. July 19,20,21,22 & 23	5. July 26,27,28,29 & 30	6. August 2,3,4,5 & 6	7. August 9,10,11,12 & 13	8. August 16,17,18,19 & 20

**Rates per hour:** 1.0 - 3.5 = \$22.50    4.0 - 12.5 = \$18.75    13.0 - 48.5 = \$15.50    49.0 - 99.5 = \$12.50    100+ = \$10.50    Full Intensive = \$9.50

### CLASSES and REHEARSALS

Class	Level	Day(s) [Mon., Tue., Wed., Thurs., Fri.] & Time(s)
Pre-Dance	N/A	
Pre-Ballet	I II III IV	
Ballet	I II III IV V VI VII VIII IX	
Pointe & Variations	I-III	
Jumps & Turns	N/A	
Boys	II/III IV-VI	
Pas de Deux	I/II	
Tap	N/A	
PBT	N/A	
Character	I-III II/III IV-VI	
Musical Theatre Dance	I-III II/III IV-VI	
Lyrical	II/III IV-VI	
Modern	I-III II/III IV-VI	
Stretch & Strength	N/A	
Yoga	N/A	
Adult Ballet	N/A	
Supplemental Studies	N/A	
Showcase Rehearsal	N/A	
Nutcracker Rehearsal(s)	N/A	

### Studio Rules and Regulations

1. Tuition must be paid prior to attending the first class. **Please Initial:** \_\_\_\_\_
2. All tuition & fees are NON-REFUNDABLE. **Please Initial:** \_\_\_\_\_
3. Tuition will NOT be adjusted for missed classes. Make up classes should be scheduled with the front office ASAP. **Please Initial:** \_\_\_\_\_
4. I have read and will abide by all the COVID guidelines for my student to attend in person. **Please Initial:** \_\_\_\_\_
5. Students need to arrive 10 minutes early so they are warmed up and ready for class. **Please Initial:** \_\_\_\_\_
6. Students need to be picked up promptly after class. If you are more than 10 minutes late a \$25 late fee will be applied. **Please Initial:** \_\_\_\_\_
7. I (PARENT/GUARDIAN) **CONSENT** to the use of my student's name, portrait, picture, or photograph as part of MBA/MBT: advertising, marketing, promotional, and general distribution materials; website, social media (i.e., Facebook, Instagram, etc.), publications (i.e., CD-ROMs, DVDs, displays, pamphlets, and presentations). **Please Initial:** \_\_\_\_\_
8. I (PARENT/GUARDIAN) acknowledge that it is my responsibility to read and explain the Policies and Rules of Behavior to my child/children. These policies and rules can be found on our website. I understand and acknowledge that the Director and/or the instructors of MBA may remove my child/children from class for not behaving properly.
9. I (PARENT/GUARDIAN) agree to indemnify and hold harmless MBA, its ownership, servants, agents, employees, and officers, against all claims and actions which might result from personal injuries or damages, known or unknown, sustained by the aforementioned student due to participation in MBA classes and activities. In case of accident, injury, and/or serious illness, I request MBA staff to notify the Emergency Point of Contact (POC) listed on this form. If MBA staff are unable to reach the POC, I hereby authorize MBA staff to contact a medical physician and/or hospital to render medical services and/or treatment. It is understood and agreed that I will assume responsibility for all payments of any rendered medical services and/or treatment.

<b>Parent/Guardian Printed Name:</b>	<b>Parent/Guardian Signature:</b>
<b>Date:</b>	<b>Reviewed by (OFFICE USE ONLY):</b>