Manassas Ballet Academy – 2025 Summer Registration Form

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

		Notes					
Weeks	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours	Notes
Week 1 (June 23-27)							
Week 2 (June 30-July 4)							
Week 3 (July 7-11)							
Week 4 (July 14-18)							
Week 5 (July 21-25)							
Week 6 (July 28-August 1)							
Week 7 (August 4-8)							
Week 8 (August 11-15)							
TOTAL SUMMER HOU	TOTAL SUMMER HOURS						

TOTAL SUMMER HOURS	Hourly Rate	Subtotal	Discount	Total Amount Due	Amount Paid	Date Paid	Method Cash Receipt #, Check #, Visa, MC, Discover, Amex

Class	Level	Days & Times:
Adult Ballet	N/A	
Adult Conditioning	N/A	
Ballet	I II III IV V VI VII VIII IX X	
Character	1/11 111	
Lyrical	1/11 111	
Modern	1/11 111	
Musical Theatre	1/11 111	
Nutcracker Rehearsal(s)	N/A	
PBT	1/11 111	
Pointe	1/11 111	
Variations	I/II III	
Pre-Ballet	I II III IV V VI	
Pre-Dance	N/A	
Pre-Pointe	N/A	
Choreography	N/A	
Stretch & Strength	N/A	
Supplemental Studies	N/A	
Тар	1/11 111	
Yoga	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.

9.1 (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 is 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.

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