

Class	Level	Days & Times:
Adult Ballet	N/A	
Adult Conditioning	N/A	
Ballet	I II III IV V VI VII VIII IX X	
Character	I/II III	
Lyrical	I/II III	
Modern	I/II III	
Musical Theatre	I/II III	
Nutcracker Rehearsal(s)	N/A	
PBT	I/II III	
Pointe	I/II III	
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	
Tap	I/II III	
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. 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 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):