

**2020-2021 Registration Form for One Class per Week
Musical Theater Dance • Modern Dance • Adult/Teen Ballet**

Be Sure to Complete and Return ALL Four Pages!

Student's First Name:		Last Name:	
Student's Birth Date:		Cell:	
School:		Grade:	
Email:			
Parent/Guardian #1			
Main Phone:		2nd Phone:	
Email:			
Parent/Guardian #2			
Main Phone:		2nd Phone:	
Email:			
Person to be Billed:			
Billing Address:			

INSTRUCTIONS

Fill out the Top Section Fully. Use the reverse side to note any special requirements or medical conditions that the school should know. Please use a separate form for each student.

☞ Before completing the rest of the form, please request a consultation with a school director, by emailing us your phone number and best time to call. Staff@LebanonBalletSchool.com ☞

- (1) Check the desired Class.
- (2) Check the desired payment schedule.
- (3) Fill in the Tuition, and Installment Fee, if needed
- (4) Add up for the Total Due.

Class (Pick One)		Item	Cost
<input type="checkbox"/> Musical Theater - TUES • <input type="checkbox"/> Musical Theater - WED		Tuition	
<input type="checkbox"/> Adult/Teen Ballet - THUR		*Installment Fee	
<input type="checkbox"/> Modern - THUR		Registration Fee	\$30.00
Tuition		Total Due	
<input type="checkbox"/> Full Year (36 weeks)	\$750		
<input type="checkbox"/> Three Installments (12 Weeks each)*	\$250		

*Add \$15 Installment Fee to each installment payment

Classes are dependent upon sufficient registration. Placement is on a first-come first-served basis.

Release of Liability and Other Conditions • Read Before Signing

Parent/Guardian Name: _____

Address: _____

Student Name: _____

Liability Release

I hereby give my consent for my child/self to participate in classes and activities at Lebanon Ballet School (LBS). I am fully aware and appreciate the risk and damages that might occur as a result of participating in LBS classes and activities. I have been assured that all pre-cautions will be taken to ensure my/my child's safety.

I hereby waiver and release any and all rights or claims for any damages my child/self may have against LBS, its staff, employees, teachers and agents for any and all injuries sustained or suffered by my child/self at any LBS class or activity. I do hereby verify that I fully understand and accept the preceding conditions for permitting my child/self to participate in any LBS class or activity.

Medical Release

I understand that it is my responsibility to provide all medical insurance coverage. That I must inform LBS of any medical condition that is present or may occur and may affect my child/self training while enrolled at LBS. In the event I cannot be reached, I hereby give my permission to the staff of LBS to authorize any emergency medical care that may be required by the above student during my child/self participation in classes, performances, or any related LBS event. This authorization extends through the current year or until my child/self is no longer enrolled at LBS, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Publicity Release

I hereby authorize LBS to record my child/self pictures, photographs, films and DVDs, to edit these recordings at its discretion and to incorporate these recordings for LBS to use for publicity including advertising and sales promotion. I acknowledge that no promises of compensation have been made by LBS for such use.

Payment Conditions

I have read the registration information and understand the School's policies as outlined. My signature below indicates that I am responsible for the entire LBS School year (36 weeks) tuition regardless of attendance and that I understand and accept the following conditions:

- I am solely responsible for all payments.
- I will pay a handling fee of \$15 for returned checks or declined credit card payments.
- All tuition payments are final. No Refunds unless a medical reason prevents participation.
- Adjustments may be made only upon receipt of written notification to and at the discretion of the director.

***I have read, understand and agree to the
Liability Release, Medical Release, Publicity Release and Payment Conditions.***

Signature of Parent/Guardian/Adult Participant

Date

COVID-19 Dancer Waiver Form (August, 2020)

Parent/Guardian Name: _____

Address: _____

Student Name: _____

We at Lebanon Ballet School will do everything we can to protect you, as well as our staff from the spread of the Novel Coronavirus, or COVID-19. We will be following the guidelines of the Center of Disease Control (CDC), the state of New Hampshire and the local health department.

This includes social distancing practices and the cleaning and disinfection of our studio and common areas. Our staff will try to maintain six (6) feet of distance between ourselves and you. We will also be requiring this same distancing between dancers in order to limit the exposure to all individuals.

Wearing a mask is not mandatory in the State of NH as of this date. We are asking though that you wear a mask at all times in the Studio – except during the actual Class.

If you want to wear a mask during class please do so – it's up to your comfort level.

Social distancing of at least 6 feet between each person is to be maintained in the dressing rooms, studios and hallways.

We will be requiring everyone to sanitize their hands upon entry, after using the restroom and after touching their face.

By signing this waiver, you attest that you are clear of the following symptoms and situations within the last 14 days leading up to your attendance in class.

- Fever of 99 degrees or above, or fever symptoms
- Cough, sore throat, diarrhea, headache, chills or repeated shaking with chills
- Trouble breathing, shortness of breath or severe wheezing
- Loss of smell or taste, or a change in taste
- Have had contact with an individual who has shown signs of the any of the above symptoms
- Have been around anyone with confirmed COVID-19

Upon entering the building Lebanon Ballet School reserves the right to take your temperature using our touchless thermometer. If you have a temperature of 99 degrees or above, we will ask you to leave immediately. You can reserve your place in class after waiting 14 days or by providing proof of a negative COVID-19 test.

By signing this waiver, I understand that by entering Lebanon Ballet School I will be susceptible to the risk of exposure to COVID-19. I will not hold Lebanon Ballet School liable for any symptoms of illness following my being in the studio. I will immediately contact the school if I do develop symptoms within 14 days after attending class.

By signing below, you agree to comply with the written instructions above. At any time during our contact with you: if we feel you are not complying with these written instructions or show signs of illness we will ask you to leave immediately.

Signature of Parent/Guardian/Adult Participant

Date

Registration Fee and First Tuition Payment Form

THE REGISTRATION FEE AND TUITION PAYMENT MUST ACCOMPANY THESE FORMS.

Payment of \$ _____ paid by (check one) ___ Check ___ VISA ___ MasterCard

Student Name: _____

Credit Card Number: _____ Exp Date: ____/____

Name on Card: _____

Billing Address: _____

_____ Phone Number: _____

Signature of Card Holder

Date

For Payment by Credit Card only!

Do Not Write Below Here - For Office Use Only

Date Received		Check #		Payment	
Date Entered				Auth Number	

Automatic Credit Card Payment Form

FILL OUT THIS FORM TO HAVE INSTALLMENT PAYMENTS AUTOMATICALLY CHARGED

Charge my card in the amount of \$ _____ on November 30, 2020 and March 15, 2021, or until I cancel this agreement in writing. I understand, I will be responsible for paying a handling fee of \$15 for all declined credit card payments.

Student Name: _____

Last four digits of Credit Card Number: _____ Exp Date: ____/____

Name on Card: _____

Billing Address: _____

_____ Phone Number: _____

Signature of Card Holder

Date