

**2023–2024 Registration Forms for Dance With Me****Be Sure to Complete and Return ALL THREE PAGES!**

- 1) Fill out the top part before the consultation at the school. 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.
- 2) 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

<b>Student's First Name:</b>		<b>Last Name:</b>	
<b>Student's Birth Date:</b>		<b>Age (as of 9/9):</b>	
<b>Parent/Guardian #1 Name:</b>			
<b>Main Phone:</b>		<b>2<sup>nd</sup> Phone:</b>	
<b>Email:</b>			
<b>Parent/Guardian #2 Name:</b>			
<b>Main Phone:</b>		<b>2<sup>nd</sup> Phone:</b>	
<b>Email:</b>			
<b>Person to be Billed:</b>			
<b>Billing Address:</b>			

**INSTRUCTIONS**

- (1) Check the desired sections.
- (2) Fill in the Tuition.
- (3) Add the Registration Fee and Attire Packet Fee for the Total Due.

<b>Class</b>	<b>Tuition</b>	<b>Tuition</b>	
Dance With Me - 4 Week Session	\$60	Registration Fee	<b>\$30.00</b>
<input type="checkbox"/> 4/20-5/18 (No class 5/4)		Attire Packet	
Attire Packet: <input type="checkbox"/> Girls - <b>\$75</b> <input type="checkbox"/> Boys - <b>\$25</b>		<b>TOTAL</b>	

Classes are dependent upon sufficient registration of 6 students per class.  
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 precautions 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.

### **Terms & Conditions**

I have read the registration information and understand the School's policies as outlined. My signature below indicates that I understand and accept the following conditions:

- All persons entering the studio—Parents and Students, ages 5+ to be fully vaccinated against COVID-19.
- I am solely responsible for all payments.
- It is my responsibility to make sure that my payment arrives on time to avoid a late fee of \$20. \$20 will also be charged each month an overdue balances exist.
- I will pay a handling fee of \$20 for all returned or declined payments, including auto-pay by credit card.
- 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**

## **Registration Fee and 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**

**Do Not Write Below Here - For Office Use Only**

Date		Check #		Payment	
Date Entered				Auth Number	