



## Dos & Don'ts

### Please Do:

- ❖ Arrive early to warm-up and prevent injuries.
- ❖ Wear your hair up, completely off the face, pinned back, and neat.
- ❖ Remove all jewelry other than small stud earrings.
- ❖ Leave food and drinks in the dressing room or refrigerator.
- ❖ Bring a water bottle.
- ❖ Wear clean dance clothes in good repair.
- ❖ Ask permission before leaving the studio during class.
- ❖ Wear a cover-up when arriving & departing the Studio.

### Please Don't:

- ❖ Enter the studio without an instructor present.
- ❖ Hang from the barres or touch the mirrors.
- ❖ Chew gum or eat in class.
- ❖ Talk in class.
- ❖ Ever gossip.
- ❖ Wear street shoes in the studio.
- ❖ Practice pas de deux unsupervised or without permission.
- ❖ Leave the school without your parent or guardian.

### Other Policies:

- ❖ Makeup classes must be fulfilled during the school year in which the classes were missed.
- ❖ Level placement and class selections are subject to the director's approval.
- ❖ Performing is optional. Please review our performance agreement for fees and policies.
- ❖ Please review the "PARENT/GUARDIAN STUDENT WAIVERS & RELEASES" before signing the registration form.
- ❖ Please provide updated and complete medical and emergency information on the registration form.
- ❖ Students picked up more than 15-minutes late are not the responsibility of Albemarle Ballet Theatre, Inc.
- ❖ For discussions with the director, please call to schedule an appointment.

## PARENT/GUARDIAN STUDENT WAIVERS & RELEASES

Albemarle Ballet Theatre, Inc. will be referred to as ABT in the following releases and agreement.

**Private classes and coaching with ABT instructors must be scheduled with ABT. Billing will be applied.**

**All forms of solicitation or recruitment of any type, by ABT students or their families is prohibited.**

**ABT student and family contact information is the property of ABT and may not be used or disseminated.**

**Liability Release:** I hereby certify that my child is in normal health and capable of participating safely in ABT's programs. I will notify ABT if the participant has any health problems. I am aware that dance training and the associated athletic exercises therein may place unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume all risks and hazards incidental to the conduct of the program. Picking up my child(ren) more than 15-minutes after class or rehearsal is my responsibility and not the liability of ABT.

**Publicity Release:** I hereby authorize ABT to record my child's picture and or voice on photographs, films, tapes, to edit these recordings at its discretion, and incorporate these recordings into movie and sound films on tapes, radio or television broadcast programs. I also give my permission for ABT to use and license others to use these materials in any manner or media whatsoever. ABT has my permission to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness, voice, and biographic or other information in connection with them. ABT makes no promise of compensation for such use.

**Medical Release.** In the event I cannot be reached, I hereby give my permission to the management, faculty, and/or staff of ABT to authorize any emergency medical care that may be required by the above student during their participation in classes, performances, or any related ABT event. This authorization extends through the current school year or until the student is no longer enrolled at ABT. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

**Tuition:** I am committing for the entire school year's tuition for my child or half the school year's tuition for my Exploring Ballet child.

My/our signature(s) on the registration form is our agreement to ABT's waivers, terms, and policies.

# Albemarle Ballet Theatre, Inc.

P.O. Box 805 • Crozet, Virginia, 22932 • (434) 823-8888 • Dance@aBallet.org • www.aBallet.org

## REGISTRATION FORM

- I am registering for the 2017 – 2018 School Year
- I am registering for Private Classes
- I am registering for 1 Free Class
- I am applying for a need-based scholarship.

Office Use Only

Only one parent/legal guardian signature is required if student is under 18 Years old.

Returning families please fill out fields with asterisks and update contact information.

I the undersigned have read and agree to all of ABT's policies, terms, and conditions and "PARENT/GUARDIAN STUDENT WAIVERS & RELEASES."				
* Student's Name:	* Home Phone:	Student Email Address:		
Home Address 1:	Student Cell:	Student Date of Birth:		
Home Address 2:	Academic School:		Grade:	
City:	State:			
Zip Code:	Parent: Main Phone:			
Mother, Parent, Legal Guardian, Self:	Date: *	Cell Phone:		
*	*	Business Phone:		
		Email Address:		
Sign Above	Print Above	Parent: Main Phone:		
Father, Parent, Legal Guardian, Self:	Date: *	Cell Phone:		
*	*	Business Phone:		
		Email Address:		
Sign Above	Print Above	Emergency:		
		Doctor Phone:		
		Other Email Address:		

For New Students: Number of years studied: \_\_\_\_\_ Previous place(s) of training: \_\_\_\_\_

How did you hear about our school?  Sign  Newspaper  Poster  Flyer  Friend  Other \_\_\_\_\_

Classes Taken Per Week	2 Payments Per School Year	8 Payments Per School Year	Totals	Tuition Fees & Policies
1	\$270	\$69		<ul style="list-style-type: none"> <li>You are registering for the entire school year; pre-school for half-year.</li> <li>Your first payment is due with your registration form.</li> <li>Please your registration fee with your first payment.</li> <li>Monthly Payments are due on the first of each month. There is a 15-day grace period.</li> <li>A \$10 fee for late payments.</li> <li>A \$40 fee will be charged for all returned checks.</li> <li>Tuition is not refundable.</li> </ul>
2	\$470	\$125		
3	\$655	\$175		
4	\$835	\$220		
5	\$955	\$250		
6	\$1,075	\$280		
7	\$1,195	\$310		
8	\$1,315	\$340		
9	\$1,435	\$370		
Unlimited	\$1,500	\$390		
1.	Circle corresponding payment plan and write amount here:			
2.	Annual Registration Fee:		+ \$25	
3.	Add line 1 + 2 for your first payment:			
4.	Please Complete Your Schedule on the Other Side of this Form			

Families with Multiple Students: Please complete one tuition form for each student and use multiple student form.  
**Please provide Medical information about the student below:**

Please list any medical conditions ABT and their faculty should be aware of:

Please list any medication(s) the student takes:

Please Fill out Your Schedule on the Other Side

**Please check your classes to the right of your selection.**

√ Time	Class	√ Time	Class
<b>Monday</b>		<b>Tuesday</b>	
<input type="checkbox"/> 4:30 – 5:30 PM	Ballet III Barre	<input type="checkbox"/> 4:30 – 5:30 PM	Ballet II
<input type="checkbox"/> 5:30 – 6:30 PM	Ballet III Center	<input type="checkbox"/> 5:45 – 6:45 PM	Beginner Jazz/Modern
<input type="checkbox"/> 6:45 – 7:45 PM	Advanced Ballet Barre	<input type="checkbox"/> 6:45 – 8:15 PM*	Advanced/Intermediate Pointe Class*
<input type="checkbox"/> 7:45 – 8:45 PM	Advanced Ballet Center	<input type="checkbox"/>	-
<b>Wednesday</b>		<b>Thursday</b>	
<input type="checkbox"/> 12:30 – 1:15PM	Exploring Ballet • 3 – 4 YO	<input type="checkbox"/> 4:00 – 5:00 PM	Ballet 1B • 7 – 8 Y.O.
<input type="checkbox"/> 4:15 – 5:15 PM	Ballet 1A • 5 – 6 Y.O.	<input type="checkbox"/> 5:15 – 6:15 PM	Advanced Ballet Pre-Professional/Professional**
<input type="checkbox"/> 5:30 – 6:30 PM	Ballet 1A • 5 – 6 Y.O.	<input type="checkbox"/> 6:15 – 7:15 PM	Advanced Ballet Pre-Professional/Professional**
<input type="checkbox"/> 6:45 – 7:45 PM	Advanced Ballet Barre	<input type="checkbox"/> 7:15 – 8:45 PM*	Advanced Jazz & Contemporary*
<input type="checkbox"/> 7:45 – 8:45 PM	Advanced Ballet Center	<input type="checkbox"/>	-
<b>Friday</b>		<b>Saturday</b>	
<input type="checkbox"/> 4:45 – 5:45 PM	Ballet III Barre	<input type="checkbox"/> 10:00 – 10:45am	Exploring Ballet • 3 - 4 Y.O.
<input type="checkbox"/> 5:45 – 6:45 PM	Ballet III Center	<input type="checkbox"/> 11:00 – 12:00am	Open Ballet (IC) • 9 Y.O. to Adult
-	-	<input type="checkbox"/> 12:15 – 1:15pm	Intermediate Jazz/Modern
-	-	<input type="checkbox"/> 1:30 – 2:30pm	Beginner Pointe Class

\* Tuesday Pointe & Thursday Advanced Jazz & Contemporary are 1-hour long during rehearsal season

\*\*Thursday Adv. Ballet and Adv. Jazz & Contemporary by Invitation Only

**PARENT/GUARDIAN STUDENT WAIVERS & RELEASES**

Albemarle Ballet Theatre, Inc. will be referred to as ABT in the following releases.

**Private classes and coaching with ABT instructors must be scheduled with ABT.**

**All forms of solicitation or recruitment of any type, of ABT students or their families is prohibited.**

**ABT student and family contact information is the property of ABT and may not be used or disseminated.**

**Liability Release:** I hereby certify that my child is in normal health and capable of participating safely in ABT’s programs. I will notify ABT if the participant has any health problems. I am aware that dance training and the associated athletic exercises therein may place unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume all risks and hazards incidental to the conduct of the program. Picking up my child(ren) more than 15-minutes after class or rehearsal is my responsibility and not the liability of ABT.

**Publicity Release:** I hereby authorize ABT to record my child’s picture and or voice on photographs, films, tapes, to edit these recordings at its discretion, and incorporate these recordings into movie and sound films on tapes, radio or television broadcast programs. I also give my permission for ABT to use and license others to use these materials in any manner or media whatsoever. ABT has my permission to use these materials for publicity, advertising and sales promotion and to use the student’s name, likeness, voice, and biographic or other information in connection with them. ABT makes no promise of compensation for such use.

**Medical Release.** In the event I cannot be reached, I hereby give my permission to the management, faculty, and/or staff of ABT to authorize any emergency medical care that may be required by the above student during their participation in classes, performances, or any related ABT event. This authorization extends through the current school year or until the student is no longer enrolled at ABT. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

**Tuition:** I am committing for the entire school year’s tuition for my child or half the school year’s tuition for my Exploring Ballet child.

**My/our signature(s) on the registration form is our agreement to ABT’s waivers, releases, terms, and policies.**

**Please tell us what you would like to gain from your time at ABT and share your comments with us.**