

# BALLET VIRGINIA INTERNATIONAL

## Registration Form 2009 – 2010

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone (home/work): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

**Please register me for the following:**

- Drop-In Student (\$25.00 registration fee, plus either pay with punch card purchase or by individual class)
- Additional Electives (Please list; each elective \$23.00 per month or \$115.00 per semester) \_\_\_\_\_

**CHILDREN'S PROGRAM**

		NORFOLK	VA BEACH
<input type="checkbox"/> Pre-Ballet <input type="checkbox"/> Thurs <input type="checkbox"/> Sat	<input type="checkbox"/> \$41.00 x 5 payments	<input type="checkbox"/>	n/a
<input type="checkbox"/> Beginning Ballet <input type="checkbox"/> Tues <input type="checkbox"/> Sat	<input type="checkbox"/> \$46.00 x 5 payments	<input type="checkbox"/>	n/a
<input type="checkbox"/> Beg Ballet/Ballet A <input type="checkbox"/> Mon <input type="checkbox"/> Thurs	<input type="checkbox"/> \$46.00 x 5 payments	<input type="checkbox"/>	n/a
<input type="checkbox"/> Ballet A <input type="checkbox"/> Sat	<input type="checkbox"/> \$46.00 x 5 payments	<input type="checkbox"/>	n/a
<input type="checkbox"/> Ballet B <input type="checkbox"/> Mon <input type="checkbox"/> Sat	<input type="checkbox"/> \$46.00 x 5 payments	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ballet 1 & 2	<input type="checkbox"/> \$68.00 x 5 payments	n/a	<input type="checkbox"/>
<input type="checkbox"/> Beginning Tap	<input type="checkbox"/> \$46.00 x 5 payments	<input type="checkbox"/>	n/a
<input type="checkbox"/> Beginning Tap (as elective)	<input type="checkbox"/> \$23.00 x 5 payments	<input type="checkbox"/>	n/a
<input type="checkbox"/> Boy's Class	<input type="checkbox"/> \$46.00 x 5 payments	<input type="checkbox"/>	n/a
<input type="checkbox"/> Dance with Me	<input type="checkbox"/> \$52.00 monthly	<input type="checkbox"/>	n/a

**COMMUNITY PROGRAM**

<input type="checkbox"/> Lower School Bridge	<input type="checkbox"/> \$68.00 x 5 payments	<input type="checkbox"/> \$340.00 per semester
<input type="checkbox"/> Upper School Intermediate	<input type="checkbox"/> \$213.00 x 5 payments	<input type="checkbox"/> \$1,065.00 per semester

**PROFESSIONAL PROGRAM**

<input type="checkbox"/> Pre-Pro A	<input type="checkbox"/> \$77.00 x 5 payments	<input type="checkbox"/> \$385.00 per semester
<input type="checkbox"/> Pre-Pro B	<input type="checkbox"/> \$109.00 x 5 payments	<input type="checkbox"/> \$545.00 per semester
<input type="checkbox"/> Pre-Pro C	<input type="checkbox"/> \$162.00 x 5 payments	<input type="checkbox"/> \$810.00 per semester
<input type="checkbox"/> Pre-Pro D	<input type="checkbox"/> \$194.00 x 5 payments	<input type="checkbox"/> \$970.00 per semester
<input type="checkbox"/> Pre-Pro E	<input type="checkbox"/> \$194.00 x 5 payments	<input type="checkbox"/> \$970.00 per semester
<input type="checkbox"/> Performing Company	<input type="checkbox"/> \$219.00 x 5 payments	<input type="checkbox"/> \$1,095.00 per semester

- \$25.00 **YEARLY** registration fee for all dancers.
- I agree to pay my tuition in 5 installments. The first installment is due the first day of the semester; others payments following consecutively due the first of the month. (Semester runs September – January, February – June.)
- I agree to pay my tuition in full each semester due the first day of the semester.
- I wish to charge my  VISA  MASTERCARD for the amount of: \_\_\_\_\_ (2% processing fee will be charged)

CARD NUMBER \_\_\_\_\_ SIGNATURE OF CARD HOLDER \_\_\_\_\_ EXP DATE \_\_\_\_\_

**OFFICE USE ONLY**

Yearly Registration Fee	\$25.00	Comments: _____
Tuition Payment	_____	_____
Electives (\$23.00 monthly; \$115.00 semester)	_____	_____
Total Amount Received	_____	_____

**MEDICAL RELEASE**

I understand that Ballet Virginia International will not be held responsible for any bodily injuries sustained while on the premises or for loss or damage to any personal items brought on the premises by students or their families. In the event of an emergency, I hereby give authority to Ballet Virginia International’s representatives to obtain necessary emergency medical treatment for my child, to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary with the understanding that the family will be notified as soon as possible.

I understand that my insurance coverage for my child will be used in the event medical intervention is needed and that I am responsible for the payment of any/and all medical services.

I understand all reasonable safety precautions will be taken at all times by Ballet Virginia International and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Ballet Virginia International, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the undersigned.

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Parent or Adult Dancer’s Signature \_\_\_\_\_ Date \_\_\_\_\_

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Insurance Name \_\_\_\_\_ Policy # \_\_\_\_\_

**PHOTO RELEASE**

By signing below, I hereby irrevocably grant and convey to Ballet Virginia International all rights, titles and interests in and to record my name, image, voice, statements and/or writings including any and all photographic images and video or audio recordings made by Ballet Virginia International. I further irrevocably grant to Ballet Virginia International, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above mentioned sound, still, or moving images in any medium, including posting on the Internet and World Wide Web, for educational, promotional, advertising, or other purposes without limitation consistent with the mission of the Academy. I agree that all intellectual property rights to the sound, still, or moving images belong to Ballet Virginia. I voluntarily waive the right to inspect or approve such images and waive my right to any royalties, proceeds or other benefits derived from such photographs or recordings.

This release is effective on the date written below and will remain in effect indefinitely. If individual is less than eighteen (18) years of age, his/her parent or legal guardian must also sign below.

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Parent or Adult Dancer’s Signature \_\_\_\_\_ Date \_\_\_\_\_

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Print Dancer Name \_\_\_\_\_ Relationship to Dancer \_\_\_\_\_

**VOLUNTEER INTEREST**

“All that we send into the lives of others comes back into our own.” That is certainly true of our valuable volunteers. Ballet Virginia International is a family orientated, non-profit business whose continued success is hinged on the generosity of its volunteers. If you have an interest in being more involved in the Academy and would like to be contacted by our volunteer coordinator when projects arise, please indicate your support by checking the box below. Ballet Virginia International would not be the company it is today without you!

Please add me to your volunteer database.

Name: \_\_\_\_\_

Email: \_\_\_\_\_