

## **Bluebirds Ballet Academy 2023-24 Registration Form**

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Student's School: \_\_\_\_\_

Student's Mailing Address: \_\_\_\_\_

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

Allergies/Illnesses/Special Learning Needs: \_\_\_\_\_

[For NEW Students only] Has Student had previous dance training? YES \_\_\_\_ NO \_\_\_\_ If "yes",  
information regarding previous training (years taken, prior instructor(s), type of dance classes taken):  
\_\_\_\_\_

### **PARENT(S)/GUARDIAN CONTACT INFORMATION**

Parent/Guardian Name #1: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

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

(please print clearly-this is our main form of communication with you)

Parent/Guardian Name #2: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

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

### **EMERGENCY CONTACT INFORMATION (other than Parent(s)/Guardian)**

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

Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Preferred Hospital in case of emergency: \_\_\_\_\_

Persons authorized by you to pick up Student: \_\_\_\_\_

\_\_\_\_\_

**CLASS REGISTRATION (DESCRIPTION, TUITION AND FEES SET FORTH IN POLICIES FORM):**

\_\_\_\_ Preschool Dance for Age 3 (PK-3 Dance)

Choose One: \_\_\_\_ Wednesday 3:45-4:30 pm; \_\_\_\_ Friday 10-10:45 am; \_\_\_\_ Saturday 9:30-10:15 am

\_\_\_\_ Preschool Dance for Age 4 (PK-4 Dance)

Choose One: \_\_\_\_ Monday 4:30-5:30pm; \_\_\_\_ Friday 10-11 am; \_\_\_\_ Saturday 9:30-10:30 am

\_\_\_\_ Primary Dance (Kindergarten 1 Dance): for children in kindergarten who HAVE NOT had our Primary Dance class.

Choose One: \_\_\_\_ Wednesday 4:30-5:30 pm; \_\_\_\_ Thursday 6-7 pm

\_\_\_\_ Advanced Primary Dance (Kindergarten 2 Dance): for children in kindergarten who HAVE had our Primary Dance class.

Choose One: \_\_\_\_ Tuesday 4:30-6 pm; \_\_\_\_ Saturday 10:30-12

\_\_\_\_ Level I Dance for 1<sup>st</sup> grade and up.

Choose One: \_\_\_\_ Thursday 4-6 pm; \_\_\_\_ Saturday 10:30-12:30

\_\_\_\_ Level I Jazz and Contemporary/Modern Dance Add-On

\_\_\_\_ Level II Dance for 2<sup>nd</sup> grade and up

Choose One: \_\_\_\_ Wednesday 4:30-6:30 pm; \_\_\_\_ Saturday 10:30-12:30

\_\_\_\_ Level II Jazz and Contemporary/Modern Dance Add-On

\_\_\_\_ Level III Dance for 3<sup>rd</sup> grade and up

\_\_\_\_ **Apprentice Company Member Request**

\_\_\_\_ Level IV Dance for 4<sup>th</sup>-5<sup>th</sup> grade and up

\_\_\_\_ **Junior Company Membership Request for Level IV**

\_\_\_\_ Level V Dance for 6<sup>th</sup>-8<sup>th</sup> grades

\_\_\_\_ **Junior Company Membership Request for Level V**

\_\_\_\_ Level VI Dance for 9<sup>th</sup> grade and up (8<sup>th</sup> grade for dancers in class four times a week)

\_\_\_\_ **Senior Company Membership Request**

**REGISTRATION FEE: Return this form with \$75 Registration Fee.**

**Preferred method of Tuition Payment (Choose One):**

\_\_\_\_ 10 Equal Payments \_\_\_\_ Two Semester Payments \_\_\_\_ One Full Payment \_\_\_\_ Other

### **WAIVER**

"I understand that there is a risk of personal injury associated with dance classes and performances. I represent that the above-named Student, \_\_\_\_\_, is in good health and is physically capable of participating in dance classes and performances. On behalf of myself and the above-named Student, I hereby waive and release any claim against Bluebirds Ballet Academy, its employees, contractors, and landlord, including but not limited to Vale Real Estate Investments, LLC, arising out of personal injury occurring in connection with classes, performances or otherwise occurring in or around Bluebirds Ballet Academy's dance studio or other location of classes or performances, including but not limited to the Acadiana Center for the Arts. I accept responsibility for obtaining appropriate accident, health, and hospitalization insurance to cover the Student in the event of personal injury. In the event of an injury or other medical emergency and I cannot be reached, I authorize Bluebirds Ballet Academy to seek any medical assistance reasonably required and agree to be responsible for any medical expenses incurred on behalf of the Student."

### **MEDIA RELEASE**

"I understand that photography and/or video may be taken of my child during dance classes, and I give Bluebirds Ballet Academy and Vale Real Estate Investments permission to use Student's image for advertising, social media or other such legitimate business purposes."

Please sign below, indicating your agreement to the Waiver, Media Release, and Registration, Tuition, Costume and Recital Fees set forth both above and the Policies set forth below, attached to this Registration Form. Please keep the Policies form for your records.

Parent's/Guardian's signature or Student's signature (if 18 years or older):

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