



Ballet Arts Centre Tiny Dancrz/Tumblrz

Session _____

Registration Form

Dancer's Name: _____ DOB: _____
Last First

Father's Name: _____ Cell: _____
Last First

Mother's Name: _____ Cell: _____
Last First

Address: _____
Street Address

City State ZIP Code

Home Phone: _____ Email: _____

Do you have any previous dance experience? YES # Years _____ NO Do you have any allergies or health issues? YES NO

If yes, explain? _____

The BAC Tiny Dancrz or Tumblrz Tuition is \$105.00 for a 6 class session. The attire for the Tiny Dancrz class is as follows: Girls - a solid colored leotard or dance dress, pink tights, and pink ballet slippers. Boys - black shorts or pants, plain white t-shirt and black ballet slippers. Hair needs to be secured up and out of dancer's face, preferably in a tight bun. The attire for the Tiny Tumblrz class is as follows: Girls - a leotard with shorts or leggings, or a biketard. Boys - black shorts or pants, plain white t-shirt. Tumblrz will take class in bare feet. Hair needs to be secured up and out of dancer's face, preferably in a tight bun or ponytail. Payment is due at registration for each session attending. Parents are encouraged to remain on the premises while the dancers are taking class. BAC does not offer a formal viewing area. Parents will be invited into the studio the last 10-15 minutes of the final class of each session for a showing.

- My child will be attending the Tiny Dancrz Class. My child will be attending the Tiny Tumblrz Class.
- I have completed and signed the medical information and liability release form.
- I have included payment in the amount of \$105.00 in Cash/Check # _____ CC# _____ to reserve my spot.

Signature: _____ Date: _____

1621 Camden Ave.
Jacksonville, Florida 32207

904-399-5687
www.balletartscentre.com
 balletartscentreofjax@gmail.com

**BALLET ARTS CENTRE
MEDICAL INFORMATION AND LIABILITY RELEASE FORM**

DANCER'S NAME _____ D.O.B. _____

PARENT CONTACT INFORMATION:

Father's Name

Mother's Name

Father's Contact Information

Mother's Contact Information

Emergency contact when neither parent can be reached: _____

Please list any allergies, medications or health issues: _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH BALLET ARTS CENTRE OF JAX, INC. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, illness (Covid-19), disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Ballet Arts Centre of Jax, Inc. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. Including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I hereby consent to receive and pay for medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

We, the undersigned, and parent(s) of _____, certify that we have read this document and fully understand the content. We are aware this is a release of liability contract, we are signing it on our own free will.

Parent's Signature

Date

Parent's Signature

Date

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