



# Ballet Arts Centre Summer Intensive 2025

## Registration Form

Dancer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
*Last First*

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*  
 \_\_\_\_\_  
*City State ZIP Code*

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Circle the dates attending: **July 14th – 18th** **July 21st – 25th**

Do you have any dance experience? YES  # of years \_\_\_\_\_ NO  Do you have any allergies or health issues? YES  NO

How did you hear about us? \_\_\_\_\_ If yes, explain? \_\_\_\_\_

Circle your t-shirt size: Child size: Small Medium Large Adult size: Small Medium Large

The BAC Summer Intensive will run July 14th – 25<sup>th</sup>, Monday - Friday from 9:00am - 3:30pm. Tuition is \$350 for 1 week and \$325 a week for both weeks. Dancers will need a packed lunch daily and will be provided one snack per day. Bottled water and additional snacks will be available for purchase. The attire for the intensive is black leotard and pink tights for ballet. Pink, tan, or black tights can be worn for other classes. Bike shorts, jazz pants, or form fitting simple cover ups are acceptable over tights for classes other than ballet. Dancers will need ballet shoes, pointe shoes (if applicable) and jazz shoes. Contemporary will be taken in bare feet so convertible tights are necessary. Hair needs to be secured in a bun for ballet and up and out of the face for all other techniques. Studio doors will open each day at 8:30am and classes will start promptly at 9:00am. Pick up is requested no later than 3:45pm. If you will be late or absent, a call to the front desk is requested.

- My child has my permission to attend the BAC 2025 Summer Intensive.
- I have completed and signed the medical information and liability release form.
- I have enclosed payment of \$\_\_\_\_\_ per week attending, to reserve my spot and understand that the remainder of tuition is due on or before the first day of class for the week(s) my child will be attending.  
 (\$50 non-refundable deposit per week is required to reserve your spot)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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. Additionally, we have read, understand, and agree to follow the current Ballet Arts Centre policies and procedures. We are aware this is a release of liability contract, we are signing it on our own free will.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

1621 Camden Ave.  
Jacksonville, Florida 32207

904-399-5687  
[www.balletartscentre.com](http://www.balletartscentre.com)