



Ballet Arts Centre at East Pointe Christian Academy

Registration Form

Dancer's
Name:

Last

First

DOB: _____

Father's
Name:

Last

First

Cell: _____

Mother's
Name:

Last

First

Cell: _____

Address:

Street Address

City

State

ZIP Code

Home
Phone:

Email: _____

Do you have any previous dance experience? YES ☐ # of Years _____ NO ☐

Do you have any allergies or health issues? YES ☐ NO ☐

If yes, explain? _____

BAC at EPCA Tuition is \$65.00/mth for one class, and \$120/mth for two classes, paid to Ballet Arts Centre. Classes will run in two sessions, September - December and February - May. You will receive a 5% discount if you pay the entire year of tuition in full.

On the days your dancer has class, please send them to school in active attire. If possible, for ballet girls may wear a solid-colored leotard, pink tights, and pink ballet slippers and boys black shorts or pants, active wear top and black ballet slippers. All dancers' hair needs to be secured up and out of the dancer's face. Payment for classes is due on the 1st of the month and is considered late on the 10th. A late fee of \$15 will be added, as of the 15th. All tuition is non-refundable.

☐ My child will be attending Pre-K 3 & 4 Ballet at EPCA

☐ My child will be attending Pre-K 3 & 4 Tumbling at EPCA

☐ My child will be attending K - 1st Grade Ballet at EPCA.

☐ My child will be attending K - 1st Grade Jazz at EPCA

☐ I have completed and signed the medical information and liability release form.

☐ I have included payment in the amount of \$ _____ in Cash/Check # _____ /CC# _____ and understand that tuition is due on the 1st of each month classes are held.

Signature: _____

Date: _____

1621 Camden Ave.
Jacksonville, Florida 32207

904-399-5687
www.balletartscentre.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 parents can't 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 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 Signature

Date

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