



Ballet Arts Centre

Summer Intensive 2023

Applicant Information

Dancer's Name: _____ DOB: _____ Age: _____
Last First

Parent's Name: _____ Cell: _____
Last Mother Father

Address: _____
Street Address

City State ZIP Code

Home Phone: _____ Email: _____

Circle the dates attending: July 10 - 14 July 17 - 22 July 24 - 28

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

How did you hear about us? _____ If yes, explain? _____

Circle dancer's t-shirt size: Child size: Small Medium Large Adult size: Small Medium Large

The BAC Summer Intensive will run July 10 - 28, Mon-Fri from 9:00am until 3:30pm. Tuition is \$325 for 1 week and \$275 a week for 2 or more weeks. 10% off tuition for siblings. Dancers will need to pack a lunch daily and will be provided one snack per day. Bottled water and additional snacks will be available for purchase. The attire for ballet class is black leotard and pink tights. 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. Modern class is taken in bare feet, so convertible tights are suggested. Hair needs to be in a bun for all ballet classes and secured 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 am. Pick up is no later than 3:45 pm. If you will be late or absent, please inform the front desk. **To reserve your spot in the intensive, please included a \$50 non-refundable deposit for each week attending.**

My child has my permission to attend the BAC 2023 Summer Intensive.

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

I have enclosed payment for \$ _____ to reserve my spot and understand that the remaining tuition is due on or before the first day of class for the week(s) my child will be attending. Cash/Check# _____ CC# _____.

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 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 act 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