

School *of* Richmond Ballet
Adult Division Registration Form 2011-2012

Contact Information:

Student's Name: _____ Birth Date: ____/____/____ M / F
Address: _____ Home Phone: (____) _____
City, State, Zip: _____ Cell Phone: (____) _____
Email Address: _____ Work Phone: (____) _____

Relative name(s) if enrolled at the School of Richmond Ballet: _____

Registration Information:

Class Course #(s): _____

**Please note: Registration is processed on a first come-first served basis, and classes fill quickly. We cannot guarantee class availability.*

Payment Information:

Tuition Amount: \$ 75.00

Check #: _____
Credit Card #: _____
Expiration Date: ____/____
Security Code #: ____ (on back of card)
Signature: _____

Financial Information *Please read this information thoroughly*

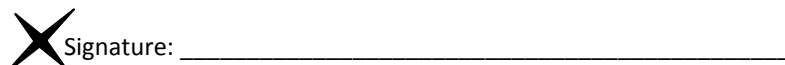
Registration:

Registration must be completed and tuition must be paid in full prior to any student's entrance into class.

Tuition:

Upon registration all students make the commitment to pay the agreed upon full session's tuition whether they remain enrolled in the program or not. Tuition is non-refundable except in the case of a serious illness. In the event that a check is returned for insufficient funds, we will make a second attempt to deposit the check. Each time the check is returned for insufficient funds, a \$13.00 returned check fee will be added to the student account. Account may be turned over to a collection agency if it becomes 30 days outstanding. Should this become necessary, student is responsible for attorney's fees of 33 1/3% of the balance and any and all applicable court costs incurred by the SRB during the process.

I have read the Financial Information highlighting registration, tuition, and payment information. I agree to pay all money due by the start date of the class. I further understand that, except in the case of illness or injury, I am obligated to pay the full session's tuition.

 Signature: _____ Date: ____/____/____

Registration form and payment must be received to ensure enrollment in any class.

To register, please mail/fax/email form with check or credit card information:

407 East Canal Street Richmond, VA 23219 Fax: (804) 344-0902 bmartorell@richmondballet.com

To be completed by SRB only
Rcvd: _____
QB: _____
Invoiced: _____
Pmt: _____

Please complete reverse 

Release of Claims and Authorization

A new form must be completed and on file for each new school session.


Release/authorization made on this date, _____, 2011-2012 by (student) _____.

I am aware that ballet dancing (and the physical movement associated with it) places stress on the body and carries with it the risk of physical injury. I assume the risk and agree that the School of Richmond Ballet shall not be liable in any way for injuries sustained during attendance at the School of Richmond Ballet, its successors and its assignees for all personal injuries caused by, or arising from, the above described activities or any activities related thereto.

Further, I grant the School of Richmond Ballet, its agents and employees permission to authorize any emergency medical treatment that may be required for me during the 2011-2012 school session. My medical insurance carrier is:

Insurance Company	Policy Number/Group Number	Cover Dates

I, the undersigned, have read this release/authorization and understand all of its terms. I execute it voluntarily and with knowledge of its significance. I have executed this release/authorization on the day and year stated above.

 _____ Date _____
 Signature of Student

Medical Information:

Is the student allergic to anything (medication or other)? If YES, please list: NO YES _____

Does the student take any medication on a regular basis? If YES, please list: NO YES _____

Are there any medical conditions we should be aware of? If YES, please list: NO YES _____

Primary Care Physician's Name: _____ Phone #: (_____) _____


Emergency Contacts: If you would like to provide contacts in case of emergency, please do so below:

Name: _____ Phone #: (_____) _____ Relation: _____

Name: _____ Phone #: (_____) _____ Relation: _____

Photograph/Likeness Release:

I authorize the School of Richmond Ballet and/or its representative, agent, or employee to use any photograph/likeness of me for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the artistic staff or marketing director.

 _____ Date _____
 Signature of student