



SCARSDALE

BALLET

STUDIO

Registration Form

Scarsdale Ballet Studio, 696R White Plains Road, Scarsdale, NY 10583
p: 1.914.725.8754 f: 1.914.725.1781 scarsdaleballetstudio@verizon.net

2019-2020 — Registration Form

(Please Print)

Today's date _____

Student's name _____ Date of birth _____ Age _____

Parent/Guardian name _____

Street address _____

City _____ State _____ Zip code _____

Home # _____ Work # _____ Cell # _____

Emergency Contact #1 Name & Phone _____

Email address (required) _____

All SBS communication is done through email. Please make sure your email address is correct and will not go to spam.

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

2019 – 2020 Payment Policy and Injury Policy Agreement

Payment Policy

The first half of your balance is due **upon registration**. The second installment plus the costume fee will be due **January 20, 2020**.

- **Payments not received by these dates will incur a late fee of \$30.00 per month.**
- **No refunds** are given after the second class has been taken.
- Participation in Studio performances will not be allowed unless tuition payments and costume fees are current.
- Scarsdale Ballet Studio reserves the right to change or cancel class schedules and/or instructors for any reason without fault. In the event that a class is permanently cancelled, a refund will be given, minus the cost of the classes which have already taken place.
- Classes cancelled due to severe weather closings may be made up. Scarsdale Ballet Studio may schedule make up days if weather closings occur frequently.
- **Billing: All SBS communication is done through email. Please make sure your email address is correct and will not go to spam.**

Injury Policy

- **No refunds or credits will be issued for missed classes.** Classes missed due to illness or injury may be made up within the school year.
- If a student is injured, they are expected to attend and watch class.

Make-up Policy

Keep track of the dates and classes missed. Classes may be made up anytime within the same semester. Please let the front desk know when you arrive, as well as the class teacher. Classes can be scheduled through the **Scarsdale Ballet Studio App**.

I have read and understood the above policies.

Signed _____ Date _____

For Office Use:

Yearly non-refundable registration fee: \$50.00

Tuition _____

Registration ___\$50___ Costume ___TBD___ Sibling Discount (10%) _____

Net amount due _____

Payable in two installments:

Installment 1: \$ _____ Installment 2: \$ _____

Waiver of Liability

I/we understand that there is a risk of potential injury associated with dance classes, rehearsals, and performances. I represent that the below-named student/dependent minor is in good health and physically capable of participating in ballet/stretching/dance classes, rehearsals and performances. On behalf of myself and the above named student I hereby waive and release any claim against the Scarsdale Ballet Studio, Diana White, the faculty, employees, and counselors of the Scarsdale Ballet Studio arising out of a personal injury occurring in connection with classes, rehearsals or performances or otherwise occurring in or around the ballet studio or other location of rehearsals or performances. I accept responsibility for obtaining appropriate accident, health, and hospitalization insurance to cover the student in the event of personal injury. In the event of injury or other medical emergency, if I cannot be reached, I authorize a representative of the Scarsdale Ballet Studio to seek any medical assistance reasonably required and I agree to be responsible for any medical expenses incurred on behalf of the student. I have read the above information and agreed to this release.

Student name (printed) _____

Please list allergies and medications _____

Parent/Guardian name (printed) _____

Parent/Guardian signature _____ **Date** _____

Photo Release

I, _____, hereby consent to the use and reproduction limited by Scarsdale Ballet Studio (“SBS”) of photographic image(s) of my minor child _____ in advertising and promotion in perpetuity in all manner and all media, including, but not limited to, print and internet. I agree not to hold SBS or its agents responsible, under any circumstances, for any action which occurs as a result of this use. I understand that the internet is accessible by the public, and that SBS shall not be responsible for any unauthorized use of said image(s). If, however, I indicate in writing that I would like my child’s image to be removed from the SBS website, SBS agrees to do so. I agree that I will not be compensated for the use of my child’s image(s).

Parent/Guardian signature _____ **Date:** _____