

Gulf Coast Ballet

School of the Arts

2924 Hyde Park St. Sarasota, FL 34239 (941) 366-4606

Summer Registration Form

info@gulfcoastballetsarasota.com

STUDENT INFORMATION:

NAME _____ HOME PHONE _____

AGE _____ DATE OF BIRTH _____ SCHOOL _____

GRADE _____ PREVIOUS DANCE TRAINING _____

YEARS TRAINING IN: BALLET _____ POINTE _____ MODERN _____ JAZZ _____

HOW DID YOU HEAR ABOUT US? _____

PARENT/GUARDIAN INFORMATION:

MOTHER'S NAME _____ CELL# _____

WORK # _____

FATHER'S NAME _____ CELL# _____

WORK# _____

WHO IS FINANCIAL RESPONSIBLE FOR THE STUDENT? _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

EMERGENCY CONTACTS _____ PH# _____

_____ PH# _____

PLEASE SELECT PAYMENT OPTION:

ONE WEEK _____ TWO WEEKS _____

MONTHLY _____ PAY BY THE CLASS _____

\$25 charge for returned check

For Office Use

Level Placement: Ballet _____ Pointe _____ Modern _____ Jazz _____ Adult _____

Registration Fee: \$20

Tuition \$ _____ Class Card @ \$ _____ Single Class @ \$ _____

Semester Amount: \$ _____ Monthly Amount: \$ _____

Gulf Coast Ballet Contract

Parent/Guardian Statement

On behalf of any dependent(s) and myself represent and agree as follows:

-I understand that the use of the Gulf Coast Ballet Facility, equipment, services, programs and premise includes an inherent risk of injury to persons and property.

-That the dependent(s) are in good physical condition and have no disabilities, diseases, illnesses or other concerns that could prevent exercising and using the Gulf Coast Ballet's facility.

-That the dependent(s) have a physician's approval and are capable of participating in strenuous activity.

-I understand that Gulf Coast Ballet L.L.C., its faculty, staff, volunteers and independent contractors assume no risk, including but not limited to proprietor's own negligence.

-I hereby announce removal of blame and absolve Gulf Coast Ballet L.L.C., its faculty, staff, independent contractors and volunteers from and against any and all claims and suits. I understand that risk of injury includes but not limited to injuries arising from or relating to the use by myself/dependent(s) or others of exercise equipment, dressing rooms, common area, homework room, hall ways and bathrooms or other areas of the Gulf Coast Ballet facility.

-I understand that accidental injuries include: those caused by myself or caused by other persons and those of a slip and fall nature.

-I agree to disclose any special exercise requirements and/or limitations and agree to do so before using Gulf Coast Ballet's facility.

-I hereby agree that I take on any and all exercise and use of Gulf Coast Ballet's facility, services, programs, equipment, at my own sole risk.

-I hereby grant permission to Gulf Coast Ballet L.L.C., to transport the student to a medical doctor or hospital in case of illness or injury.

-In an event of an emergency the student may receive any treatment necessary as deemed by a licensed physician.

-I hereby grant Gulf Coast Ballet L.L.C., the permission to photograph and/or videotape the student for promotional services.

-All tuition is non-refundable and non-transferable.

-All fees associated with tuition, performances, costumes, etc. are non-refundable and non-transferable.

-I acknowledge that I have carefully read this Waiver and Release, and fully understand that it is a release of liability.

Please Print Mother/Guardian Name	Please Sign Mother/Guardian Name	Date
Please Print Father/Guardian Name	Please Sign Father/Guardian Name	Date
Please Print Student's Name	Student's Signature	Date