

# BALLETSCHOOL

2409 Ivy Road Charlottesville, VA 22903. 434-975-3533

2025-2026 REGISTRATION APPLICATION (student division)

Student: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

Age as of 9/1/25: \_\_\_\_\_ Enrolled in what school or home school? \_\_\_\_\_

E-mail: (PLEASE PRINT) \_\_\_\_\_

Please note that this will be our primary form of communication. Please make sure to add <dance.atsuko@gmail.com> to your address book so that you can receive all emails.

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

1st Choice classes	Day(s)	Time	# classes per week

Select an alternative choice in case your first choice is full:

2 <sup>nd</sup> Choice classes	Days(s)	Time	# classes per week

Total number of classes per week student will be taking: \_\_\_\_\_

Select tuition plan:     8 payments             quarterly             Full school year (4x quarter)

Amount from tuition chart: \$ \_\_\_\_\_

Registration fee:                    + \$25.00

Total enclose with this application: \$ \_\_\_\_\_

By signing below, I acknowledge that I fully understand the **School Policies** and Payments that have been processed will **not be refunded** for any reason, unless the school has canceled the entire course for which I have registered. I also understand that I am liable for the **entire school year** tuition unless I notify the school within 10 days of the payment due date for withdrawal.

(over)

**How did you hear about us?**

- On website.
- From friends or family
- Others:

**Liability Release**

I, (participant) \_\_\_\_\_, hereby acknowledge receipt and agreement with the following terms as a condition of my participation in the class at BalletSchool.

I am advised that I should consult with my personal physician before undertaking any program. I have no physical or medical condition which to my knowledge would endanger myself or others if I participate in the class.

I understand that participating in the class may require mental judgment and a high degree of physical fitness, agility, stamina and strength, and that this may include strenuous exercise. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I may incur as a result of participating in the class.

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to discharge, release, and hold harmless BalletSchool, director, employees, agents and independent contractors, from any and all liability whatsoever for any and all damages, losses, or injuries. I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, expenses and costs, including attorneys fees, which arise out of, result from, occurring during, or are connected in any manner with my participation in the class.

I authorize the use of picture or video of my child in newspapers, brochure, website for marketing purpose for BalletSchool.

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Participant Signature

Date

Parent/Guardian Signature

Date