



REGISTRATION FORM

REGISTRATION FEE \$35 PER STUDENT OR \$50 PER FAMILY

STUDENT INFORMATION

STUDENT NAME: _____ GENDER: _____ BIRTHDATE: _____

STREET ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

SCHOOL: _____ EMAIL: _____

PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN

NAME: _____ EMAIL: _____

HOME PHONE: _____ CELL: _____ WORK: _____

FATHER/GUARDIAN

NAME: _____ EMAIL: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP TO STUDENT: _____

PHONE: _____

MEDICAL INFORMATION

PLEASE LIST ANY KNOWN MEDICAL CONDITIONS, ALLERGIES AND/OR MEDICATIONS TAKEN:

FAMILY PHYSICIAN: _____ PHYSICIAN PHONE: _____

OFFICE USE ONLY

LEVEL: _____

Sept: _____ Dec: _____ Mar: _____

Oct: _____ Jan: _____ Apr: _____

Nov: _____ Feb: _____ May: _____



Waiver of Liability
The Sarasota Ballet of Florida, Inc.
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in dance classes, rehearsals, as well as the exercises associated with dance and or the use of any facilities under the care, custody and control of The Sarasota Ballet of Florida, Inc. and any of affiliated or associated entities, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE The Sarasota Ballet of Florida, Inc., the Board of Directors of The Sarasota Ballet of Florida, Inc., their officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

2. I am fully aware of the risks and hazards connected with the activities of dance classes as well as the exercises and equipment associated with dance and I am aware that such activities include the risk of injury and even death, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to my property and me. I understand that The Sarasota Ballet of Florida Inc. does not require me to participate in this activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releases may incur due to my participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

4. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida and and that any mediation, suit, or other proceeding must be filed or entered into only in Florida and the federal or state courts of Florida. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

5. I understand that this waiver and hold harmless agreement applies anytime I am present in or in use of RELEASEES' facilities.

6. In the event of any dispute arising out of or related in any way to this Agreement and its terms, the Parties agree to participate in a two-step alternative dispute resolution process, that shall occur in Sarasota, Florida. First, within 30 days of receiving written notice of any dispute, the Parties will enter into a voluntary mediation using the services of a Court-approved mediator. Second, if mediation fails, the Parties will proceed to a final binding arbitration session before one arbitrator, to be conducted within 90 days following the mediator's declaration of an impasse. The arbitration process shall be governed by the Florida Arbitration Code, Chap. 692 Fla. Stat., and the arbitrator's decision shall be final and non-appealable

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

Publicity Release: I hereby give permission for The Sarasota Ballet of Florida, Inc., and/or The Sarasota Ballet School to use photographs/videos of my child's/my likeness in The Sarasota Ballet of Florida, Inc., and/or The Sarasota Ballet School sponsored publications for promotional purposes.

Medical Release: Further, I grant The Sarasota Ballet of Florida, Inc., The Sarasota Ballet School, its agents and employees, permission to authorize any emergency medical treatment that may be required for my child/myself.

IN WITNESS WHEREOF, I have signed this Waiver and Agreement under seal on this _____ day of _____, 20_____

WITNESS: _____ PARTICIPANT: _____
(signature) "This form does not need to be notarized" (signature)

PRINT NAME (participant): _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

PRINT NAME OF PARENT/LEAGAL GUARDIAN: _____



REGISTRATION FORM

TUITION PAYMENT INFORMATION

_____ 1x Payment, Due upon registration, with a **10%** discount Payment: \$ _____

____ Enclosed is check # ____ for \$ _____ (made payable to the Sarasota Ballet)

_____ 9x Payment, Due September, October, Payments: \$ _____
November, December, January
February, March, April & May
Payments deducted the 1st week of each month from Credit Card.

******CONSERVATORY POLICY – ALL STUDENTS ARE REQUIRED TO PROVIDE CREDIT CARD INFORMATION TO KEEP ON FILE. PLEASE READ THE TUITION AND TUITION POLICY SECTION IN THE SARASOTA BALLET HANDBOOK CAREFULLY TO FAMILIARIZE YOURSELF WITH OUR POLICIES.******

Credit Card Information:

Credit Card Type (please circle): Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____

3-digit Security Code: _____ Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Billing Phone Number: _____ Billing Email: _____

By signing below, you authorize The Sarasota Ballet to charge your credit card for tuition payments, late tuition payments, late fees, and late performance fees.

Signature: _____ Date: _____