

Southland Ballet Academy
NEW Student Enrollment Form 2011/2012

Level Assigned: _____	Start Date: _____
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Student's Name: _____ Age: ____ Date of Birth: _____ M F

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Email: _____ How did you hear about SBA? _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Do you have any physical limitations? _____

FOR STUDENTS UNDER 18	
Mother's Name: _____	Email: _____
Home Phone: _____	Work Phone: _____ Cell/Pager: _____
Employer: _____	
Father's Name: _____	Email: _____
Home Phone: _____	Work Phone: _____ Cell/Pager: _____
Employer: _____	
Address (if different): _____	

I have read Southland Ballet Academy's General Policies and Dress Code on the back of the current Academy Class Schedule and agree to adhere to these policies.

 PARENT'S SIGNATURE OR STUDENT IF OVER 18 YEARS OF AGE

Please read and sign STATEMENTS OF UNDERSTANDING AND INDEMNIFICATION

DAY	BALLET LEVEL	TIME	TEACHER	JAZZ LEVEL	TIME	TEACHER	TAP & OTHER LEVEL	TIME	TEACHER
MON									
TUES									
WED									
THUR									
FRI									
SAT									

Office Use Only: Reg Fee Pd: _____ Tuition Paid: _____ Month Paid: _____
Check # _____ DW: _____ Attendance: _____ Level Notebook: _____

Southland Ballet Academy

STATEMENTS OF UNDERSTANDING AND INDEMNIFICATION

I am the parent or guardian of, or an adult student _____
STUDENT NAME

(herein collectively called "Student"), who desires to attend classes at Southland Ballet Academy (SBA) and perform with Festival Ballet Theatre (FBT).

SBA provides dance training and dance related educational activities. I understand that there is some risk of injury inherent in the dance training and educational activities. SBA/FBT shall not be responsible for injuries or damages suffered by the Student, caused or alleged to be caused by the negligence of the Southland Ballet Academy and Festival Ballet Theatre.

Further, I understand and accept that in order to be taught effectively, the Student's dance training may involve the use of touch by the Southland Ballet Academy faculty members as a necessary tool for correct placement, lines and positions.

Southland Ballet Academy is a professional training facility, focused on developing fine classical dancers. In such an environment, the Student is expected to maintain acceptable behavior within the classroom, corridors, and dressing rooms of the Academy. I understand and accept that all students must adhere to the standards of behavior set forth by the Academy faculty and direction.

I also agree to hold Southland Ballet Academy and Festival Ballet Theatre harmless from any and all claims, costs, liabilities, expenses, or judgments, including attorney fees and courts costs (herein collectively called "claims") arising out of the Student's participation in Southland Ballet Academy and Festival Ballet Theatre's programs and productions, for any illness or injury resulting there from. I hereby further agree to indemnify and hold harmless the Academy staff, faculty, and all officers from against any and all such Claims, except Claims caused by the gross negligence or willful misconduct of the Southland Ballet Academy/Festival Ballet Theatre.

I hereby grant the right to SBA/FBT, to photograph or video tape my child during the performances and activities to use for publicity and promotion. All materials will remain the property of SBA and/or FBT, and the dancer/student will not receive any remuneration for their use now or in the future.

I, the parent or legal guardian of, or an adult student _____ have read, understood and agreed to the above statements. I hereby give my permission for my son/daughter to attend the Southland Ballet Academy and participate in all activities including Festival Ballet Theatre Productions.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

SIGNATURE OF ADULT STUDENT

DATE

Office Use Only: Reg Fee Pd: _____ Tuition Paid: _____ Month Paid: _____

Check # _____ DW: _____ Attendance: _____ Level Notebook: _____