

MID-ATLANTIC BALLET 2011-2012 TEEN & ADULT REGISTRATION

Name _____
Home Address _____ City _____ State _____ Zip _____
Home # _____ Work# _____ Cell # _____
Email _____

Emergency Contact Name and # _____

How did you hear about MAB? _____ *If under 18, please fill out the following:*

Parent's Name _____ Phone _____

MAB is entirely a non-profit cultural organization and our tuition rates are usually less than commercial schools. Our goal is to make quality ballet training as accessible and affordable as possible. Teen and adult students may take either of the following classes with the purchase of a class card.

Classes Offered: Day / Time

Pilates Mat and Stretch.....Tuesday and Thursday 6:30-7:15pm
BalletTuesday and Thursday 7:30-9:00pm

Class Card Fees: (Select your choice)

_____ \$ 16 – Single Class Rate
_____ \$ 150 – 10 Classes Punch Card Class cards are valid September 6, 2011 – June 9, 2012.
Please bring your card to every class, so that it can be punched.

\$ _____ **TOTAL FEE DUE**
\$ _____ **\$25.00 ANNUAL REGISTRATION FEE**
\$ _____ **SUBTRACT FAMILY DISCOUNT**

Offered to families with more than one student enrolled. A 10% tuition discount is offered for a second student (registered for the lesser number of hours). A 20% discount is offered for each remaining student. (registered for the lesser number of hours).

\$ _____ **TOTAL DUE (We accept cash, checks, money orders, Visa & Mastercard)**

MAB Tuition Refund Policy: If you're not satisfied with the quality of dance training provided by MAB, you may withdraw from classes and a refund will be issued for all classes not taken. Registration fees are non-refundable. MAB reserves the right to cancel any class. You may renew your class card at any time throughout the year.

WAIVER & RELEASE

1. I understand that Mid-Atlantic Ballet may, photograph and/or videotape the student named above, and I hereby authorize the Mid-Atlantic Ballet to use these photographs and videotapes for archival and publicity purposes only.
2. Recognizing the risks of illness and injury inherent in any dance program, I fully understand that I am hereby waiving and releasing Mid-Atlantic Ballet, it's employees and board of directors from any and all claims, costs, liabilities expenses or judgments, including attorney's fees and court costs arising out of the participation of the above named student in Mid-Atlantic Ballet's programs, or any illness or injury resulting thereof, and thereby agree to indemnify and hold harmless Mid-Atlantic Ballet, it's employees, and board of directors from and against any and all claims except for illness or injury resulting from gross negligence or willful misconduct on the part of Mid-Atlantic Ballet.
3. I hereby execute and deliver the Waiver and Release to induce Mid-Atlantic Ballet to permit me/my child to participate in its programs. I hereby grant the staff and/or board of directors permission to administer first aid help and/or call 911 in case of medical emergency while I am/my child is attending classes, rehearsals, and performances or events on or off-site. I understand that Mid-Atlantic Ballet will attempt to first notify parents and guardians in case of emergency.
4. I understand that the art of dance and nature of dance instruction may sometimes require a teacher to touch me/my child. I also understand that this will happen in a caring, gentle, and appropriate manner.

I have read the above policy and have executed this waiver and release on (date) _____

Signature: _____ PRINT NAME _____