

STUDENT REGISTRATION

***** ONE NAME PER FORM - MAY BE COPIED IF NEEDED *****

Print neatly, using blue or black ink. Read, complete, & sign back/2nd page of form.
 Enclose \$30 registration fee (non-refundable) with each form, or one fee per family, if more than one family member enrolling at the same time. Please do not staple check to form.

Student Name _____ Phone _____

Street _____

City _____ State _____ Zip _____ Date of Birth _____ Age _____

School _____ School District _____ Grade _____

Previous Dance Training/School/Teacher _____

E-Mail (primary-for sending school information to you) _____

Mother or Guardian Name _____

Employer, Job Title _____

Father or Guardian Name _____

Employer, Job Title _____

Address (if different from student's) _____

Emergency Contact Name & Phone #, OR parents' cell phone # - for use DURING CLASS TIMES, in case of early dismissal or illness

How did you hear about us? _____

Student Name _____ Date _____

Session _____ Class Name _____ Day (s) attending (please circle) M T W TH F SAT

Session _____ Class Name _____ Day (s) attending (please circle) M T W TH F SAT

COMMUNITY CLASS students enrolling in more than one class, or more than one family member enrolling at the same time, may take a discount of 5% off the lowest priced tuition. One \$30 Registration Fee payable per family - applicable to both Community and Pre-Professional Division students.

PRE-PROFESSIONAL students may take a 10% discount off the tuition if paid in full by the first class day. Quarterly tuition payments are due as follows: Payment #1: Student's first day of class; Payment #2: November 10, 2011; Payment #3: January 10, 2012; Payment #4: March 10, 2012. See reverse side for more information.

METHOD OF PAYMENT: Check (Payable to BGLV) Cash Credit card (Sorry, American Express not accepted)

Credit Card # _____ Exp. date _____ Signature _____

(1st Class) Tuition: _____	1st Qtr Payment (9/12) _____	SIGN UP FOR AUTOPAY! Avoid late fees - Save time & energy! Your credit card will be charged on the date the payment is due. Choose your options. Then sign & date below. I would like to enroll in AUTOPAY for the following charges: <input type="checkbox"/> QUARTERLY TUITION <input type="checkbox"/> COSTUME FEES I hereby authorize Ballet Guild of the Lehigh Valley, Inc. to charge my credit card for tuition and/or costumes for the 2011-2012 school year. Signature _____ Date _____
(2nd Class) Tuition: _____	Balance Due: _____	
Less Discount: _____	2nd Qtr Payment (11/10): _____	
Registration Fee: <u>\$30.00</u>	Balance Due: _____	
Total: _____	3rd Qtr Payment (1/10) _____	
Payment Enclosed: _____	Balance Due: _____	
Balance Due: _____	4th Qtr Payment (3/10): _____	
	Balance Due: _____	

***** OFFICE USE ONLY *****

Amount Enclosed _____ Date received _____ Handbook Rec'd/Mailed _____ Computer _____ Attendance _____

AGREEMENT

Please read thoroughly, complete & sign where indicated

I, the undersigned, hereby certify that this student has been examined recently by a physician, is physically fit, and has no pre-existing condition that would prohibit participation in the strenuous physical program of the Ballet Guild/Pennsylvania Youth Ballet. I authorize the Ballet Guild faculty or its representatives to obtain emergency medical treatment for this student, if deemed necessary, and I agree not to hold the Ballet Guild of the Lehigh Valley, Inc., its directors, faculty, staff, or their representatives, in any way liable. I have listed any medications taken on a regular basis and the condition for which they are being taken.

I agree to be responsible for prompt and timely payment of all tuitions and fees due the Ballet Guild of the Lehigh Valley, Inc. for this student. I understand that tuition is due in full the first day of class, unless signing up for quarterly payments (Pre-Professional Division students only); payment schedule as follows: Payment #1: Student's first day of class; Payment #2: November 10; Payment #3: January 10; Payment #4: March 10. A late payment fee of \$30.00 will be applied on quarterly payments more than 5 days overdue. Should payments (quarterly or otherwise) be delinquent, Ballet Guild reserves the right to suspend student's participation until all financial obligations are satisfied. I understand that there is a \$30 fee charged for returned checks or credit card charge backs for any reason. An interest charge of 1½% per month will be applied on any unpaid balance.

I understand that there are no refunds for early withdrawal and that I am responsible for any tuition owed whether or not the student completes the session. I will ensure that any missed classes are made up within two weeks of the absence. Tuition credit may be granted if the student must withdraw for medical reasons. Requests must be made in writing and accompanied by a doctor's signed statement on letterhead.

I have read this Agreement and agree to abide by the policies and procedures therein.

Signature (Parent or Guardian if minor) _____ Date _____

STUDENT MEDICAL INFORMATION • Please list any chronic medical conditions, medications and illnesses currently being treated. Use a separate paper if needed. All information will be kept confidential.

RELEASE FORM FOR MINORS

I, being Parent/Guardian of _____, hereby consent that the videotapes, photographs, motion picture film and/or electronic images for which she/he posed, and/or audio recordings made of her/his voice may be used by Ballet Guild of the Lehigh Valley, Inc., its assigns or successors, in whatever way they desire, including television; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes, and/or software from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes, and software as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand in the Commonwealth of Pennsylvania on this day ___/___/___

NAME OF MINOR _____

SIGNATURE OF PARENT OR GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RELEASE FORM FOR ADULTS (18 & UP)

I, being of legal age, hereby consent that the videotapes, photographs, motion picture film and/or electronic images for which I appear, and/or audio recordings made of my voice may be used by Ballet Guild of the Lehigh Valley, Inc., its assigns or successors, in whatever way they desire, including television; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes, and/or software from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes, and software as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand in the Commonwealth of Pennsylvania on this day ___/___/___

NAME (PRINT) _____

SIGNATURE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____