

# 2011-2012 Registration Form

Academy of Classical Ballet • 21501 N 78<sup>th</sup> Ave, Suite 100 • Peoria AZ 85382  
623-572-7222 • ACBALLET.COM

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (m/d/yr)

Today's Date: \_\_\_\_\_ Name of Parent/Guardian: \_\_\_\_\_

Phone (Parent/Guardian)

\_\_\_\_\_ cell (mother\_\_\_\_ father\_\_\_\_)

\_\_\_\_\_ cell (mother\_\_\_\_ father\_\_\_\_)

\_\_\_\_\_ daytime (mother\_\_\_\_ father\_\_\_\_)

Address (mailing \_\_ billing \_\_)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Information (in case parent/guardian cannot be reached)

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ (daytime)

\_\_\_\_\_ (evening) \_\_\_\_\_ (cell)

Alternate Address (mailing \_\_ billing \_\_)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about our Academy? Friend: \_\_\_\_\_ Website \_\_\_\_\_ Other: \_\_\_\_\_

## Check If Interested in the ACB Arts Lesson Program or Birthday Party Program

Piano\_\_ Voice\_\_ Guitar\_\_ Flute\_\_ Saxophone\_\_ Clarinet\_\_ Violin\_\_ Birthday Party \_\_\_\_\_

\* If enrolling more than 1 child, medical/photo release, waiver of liability need to be completed for each child. Only complete the name, age of student, date of birth and name of parent or guardian on subsequent registration forms.

### Registration

Waivers Signed \_\_\_\_\_

Sched. Attached \_\_\_\_\_

Tuition Calc \_\_\_\_\_

Apparel Form \_\_\_\_\_

### Payment

Payment Rec'd \_\_\_\_\_

Check #/Cash \_\_\_\_\_

### Quick Books

Account Update \_\_\_\_\_

Current Billing \_\_\_\_\_

Mem X'tion \_\_\_\_\_

### Data Base

Student Detail \_\_\_\_\_

Student/Class \_\_\_\_\_

**Academy of Classical Ballet Registration cont.**

Print Student Name: \_\_\_\_\_

**Medical Information:**

Does the student have any injuries (previous or new)? Yes/No (circle one). If yes, please explain: \_\_\_\_\_

Does the student have any medical conditions that might affect his/her behavior or ability to participate fully in our program? Yes/No (circle one). If yes, please explain: \_\_\_\_\_

Does the student have any allergies (severe or mild)? Yes/No (circle one). If yes, please explain: \_\_\_\_\_

Does the student need to carry an Epi-pen at all times? Yes/No (circle one)

**Medical Coverage/Authorization for Substituted Consent:**

I authorize that I or my child is covered by a personal or family medical plan, health insurance or an HMO that includes coverage for injuries sustained while the student is participating in any of the Academy of Classical Ballet, LLC’s classes, rehearsals, performances, activities or programs sponsored by the Academy of Classical Ballet, LLC or its’ non-profit organization, Ballet Forme. Neither organization will be responsible for any costs or liabilities resulting from a lack of such coverage.

I hereby grant permission to the Principal of the Academy of Classical Ballet, LLC or anyone designated by the Principal, and to those persons listed above as emergency contacts to authorize emergency medical or surgical treatment, including but not limited to blood or blood product transfusions, diagnostic procedures and the administration of anesthesia, for the student where medically appropriate in the case of injury, accident or illness; subject however to the following limitations.

This authorization is given for the benefit of the student. The authorization given to the Principal is given with the understanding that the Principal or the Principal’s designee will act only in my absence and only until I, my spouse, the legal guardian or persons designated above can be contacted. I do understand that the medical appropriateness of such treatment will be determined by the attending physician or the medical facility’s medical staff and that such a determination shall be conclusive evidence of the reasonableness of the consent given. I agree to hold the Principal, anyone designated by the Principal, and any Academy of Classical Ballet, LLC employees harmless from liability arising from any and all medical treatment or complications arising there from, rendered as a result of consent given pursuant to this authorization.

I further authorize the release by the Academy of Classical Ballet, LLC or persons listed above to the health care provider of such medical and personal information as the Academy of Classical Ballet, LLC or persons listed above may have regarding the students and the use of such information by the health care provider in the subsequent medical treatment of the student.

I have read the Academy of Classical Ballet, LLC rules and regulations and I understand that complying with these policies will help my child and the academy to grow successfully.

Parent’s Signature: (if student is under 18 ) \_\_\_\_\_ Date: \_\_\_\_\_

**Photographic Consent /Release:**

I hereby give permission to the Academy of Classical Ballet, LLC to take photographs, videos and or film of my child or myself. I consent to the use of such materials for promotional purposes by the Academy of Classical Ballet or Ballet Forme.

I recognize the risks of accident or injuries associated with the program of dance and acknowledge that I am participating upon the express understanding that I am willing and able to accept full responsibility for my own and/or my child’s safety and welfare. I hereby release the Academy of Classical Ballet, LLC and agree to hold the Academy harmless from and against any and all claims and liabilities whatsoever which I may have, arising out of the participation with the Academy, except for those relating from gross negligence or willful misconduct of the Academy of Classical Ballet, LLC. I hereby execute and deliver this release inducing the Academy of Classical Ballet, LLC to permit me or my child to participate in its programs.

Parents Signature (if student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

The Academy of Classical Ballet, LLC offers equal employment and educational opportunities in accordance with all applicable Federal, State and local laws against discrimination on the basis of race, sex, religion, national origin, age or sexual orientation.

## Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Dance Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below dance activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/WE fully understand and acknowledge that:
  - (a) There are risks and dangers associated with participation in Dance events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
  - (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
  - (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
  - (d) There may be other risks not known to us or are not reasonably foreseeable at his time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the dance facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the dance event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the dance facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Dance School Academy of Classical Ballet

Parent or Guardian Signature (if minor) \_\_\_\_\_

Parent or Guardian Signature (if minor) \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_

Address of Participant \_\_\_\_\_

Received by \_\_\_\_\_

<i>Registrar Signature</i>	<i>Printed Name</i>	<i>Member #</i>	<i>Region on File</i>	<i>Date</i>
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## Parent Acknowledgement of ACB Handbook

I have read the 2011-2012 ACB Handbook. Copies are available online at acballet.com and at the Front Desk. I understand and accept all policies outlined in the ACB Handbook.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tuition and Fees Calculation**

1. Using the schedule on the next/back page, **circle class(es) the student is taking and find total number of hours per week. Do not count Repertory hours in computing your Technique Tuition.**
2. Identify your ACB Tuition Rate using the Tuition Chart page
  - a. Choose appropriate section: Creative Dance thru Level 1 or Level 2 and Higher
  - b. Choose appropriate chart: even hour, ¼ hour, ½ hour, or ¾ hour.
  - c. Choose a payment plan (Monthly, Quarterly, or Semi-Annual). Note that for semi-annual payment option the rate is reduced by 2.5% and is only available through August 16, 2011.

3. Calculate Initial Payment

- a. Registration\*^ --- \$25/student, or \$35 after Aug 6<sup>th</sup> for returning students
- b. Winter Stage Fee\*# --- \$105/student or \$150/family (circle one if appropriate)
- c. Spring Stage Fee \*+ --- \$65/student or \$100/family ( circle one)
- d. ACB Class Technique Tuition \_\_\_\_\_ (from chart on page 6)
- e. Fall Repertory Tuition++ \$37.50/mo or \$75/mo (if in Repertory, see chart on page 6.)
- f. Uniforms/Sportswear \_\_\_\_\_
- g. ACB Goes to the Ballet \*\* \_\_\_\_\_

<b>Uniform Order</b>				
Item	Price	Size	Quantity	Total
Leotard - Child	\$25			
Leotard - Adult	\$30			
Tights - Child	\$16			
Tights - Adult	\$18			
Class Belt	\$7	One Size		
<b>Total</b>				
<b>ACB Goes to the Ballet</b>				
<b>Show</b>			Price/Qty	Total
Cinderella October 22nd at 7:30 PM			\$15 x ___ = ___	
			<b>Total</b>	
			<b>Total</b>	

**Total Charge** \_\_\_\_\_ **Submitted** \_\_\_\_\_  
**Check # or Cash** \_\_\_\_\_ **Cash received by** \_\_\_\_\_

\* Registration and Stage Fees are non-refundable. Stage Fee is not required for adult students who do not perform.  
 ^ New Students (those who did not dance with ACB in the 2010-11 academic school year) who paid full Summer Registration Fee of \$25, pay only \$15 for 2011-12 Fall Registration.  
 + Mandatory for all non-adult students  
 ++ This fee applies to each student who enrolls in a Repertory Class. Students can enroll in all skill appropriate repertory classes for a fixed Repertory Fee.  
 # Mandatory for all students participating in a Repertory Class which is in bold/italics on Class Schedule on page 5.  
 \*\* Voluntary program to purchase group tickets to see Ballet Arizona performances. \$15 per ticket is a non-refundable deposit on tickets. All tickets are \$35. Quantity is limited – first come, first served.  
 ## Classes that do not meet minimum enrollment may be subject to cancellation or a small class premium. Premiums are effective upon written notification or at a future date determined by ACB. We do not prorate tuition in either the 1<sup>st</sup>, 5<sup>th</sup>, or 10<sup>th</sup> Billing Cycle. See Handbook for details.

Special Notes

- Boys Scholarship is 50% and covers all ballet technique classes, contemporary/lyrical, and character classes except Boys Ballet Class. Sibling discounts do not apply to students on scholarship.
- Sibling discount of 10% is offered to the second sibling and is applicable to both the technique and repertory tuition.
- Winter Performance dates are Dec 2, 3. Spring Performance dates are June 1, 2.

# Academy of Classical Ballet

2011 - 2012 Calendar and Class Schedule (As of Jan 1, 2012 - Subject to Change)

Classes Begin Aug 15th -- Classes End June 2nd

Winter Performance - Dec 2, 3

Spring Performance June 1, 2.

**Classes not meeting minimum enrollment may be cancelled, combined, or have a Small Class Premium**

Day	Studio A	Studio B
<b>Monday</b>	If you don't see a class that you're looking for, go to Contact US at acballet.com. If there is enough interest, we'll add it in.	
	4:30 pm - 6:00 pm	Level 4 Technique
	7:00 pm - 9:00 pm	Level 5/6 (includes Advanced Pointe)
	10:00 am - 11:30 pm <b>Adult Ballet - Intermediate/Advanced #</b>	
<b>Tuesday</b>	4:15 pm - 5:00 pm	Open
	5:00 pm - 6:00 pm	Level 1 Technique
<b>Wednesday</b>	5:00 pm - 6:00 pm	Level 2 Technique
	6:00 pm - 6:45 pm	Level 4 Technique
	6:45 pm - 8:00 pm	Level 4 Technique
	3:30 pm - 4:30 pm Open For Privates	
<b>Thursday</b>	4:15 pm - 5:00 pm	Open
	4:30 pm - 5:45 pm <b>Level 3 Technique</b>	
	5:45 pm - 6:30 PM <b>Level 3 Repertory</b>	
<b>Friday</b>	<b>Closed</b>	
	<b>Studio A</b>	
<b>Saturday</b>	8:30 am - 10:00 am	Level 4-6 Technique**
	<b>10:00 am - 11:30 am</b>	<b>Intermediate/Advanced Repertory</b>
	11:30 am - 12:30 pm	11:30 am - 12:30 pm Character
	12:30 pm - 1:30 pm	12:30 pm - 1:30 pm Level 2 Technique
	1:30 pm - 2:15 pm	<b>1:30 pm - 2:30 pm</b> Beg. Rep (CDII -Level 2)
	2:30 pm - 3:30 pm	Level 4/5 Technique
	<b>Studio C</b>	
	9:15 am - 10:15 am	Pre-Primary * Creative Dance II
	10:15 am - 11:30 am	Level 3 Technique
	11:30 am - 12:30 pm	Beg Contem/Lyrical (Lvl 2-3)
	12:30 pm - 1:30 pm	Inter Contemp/Lyrical (Level 4)
1:30 pm - 2:30 pm	Advanced Contemp/Lyrical (Lvl 5,6)	

Alejandra Cavazos
Katharine Frey

Kristen Lucero
Scott Martin
Madame O'Kelley

Students enrolled in Repertory Classes marked in Bold/Italics must pay Repertory Tuition Fee and both the Winter and Spring Stage Fees.  
Repertory Classes do not meet the weeks of 12/5 and 12/12

\*Non Performing Class

\*\* This class is billed at 1.25 hours.

# This class is billed at 1.75 hours. Drop In Rate is \$25.

^ This class is billed at 2.0 hours

## School Closures

Labor Day -- Sep 5

Thanksgiving -- Nov 23 -26

Winter Recess -- Dec 19 - 31

MLK Holiday -- Jan 16

President's Day -- Feb 20

Spring Break -- March 17 - 24

Easter Break -- April 23

Memorial Day -- May 28

Hallow een - Oct 31 Special Schedule - See Website for Details

Dec 10, 17 - Special Schedule - See Website for Details

# ACB 2011-2012 TUITION CHART

Drop In Rates – \$17.50/hour

Creative Dance I & II, Pre-Primary			
Class/w eek	10 Payments	2 Payments	4 Payments
1	N/A	\$219	\$113
2	\$85	\$414	\$213

Level 1 and Higher			
Hours/w eek	10 Payments	2 Payments	4 Payments
1	N/A	\$233	\$120
2	\$91	\$442	\$228
3	\$131	\$637	\$328
4	\$167	\$812	\$418
5	\$200	\$972	\$500
6	\$228	\$1,108	\$570
7	\$251	\$1,220	\$628
8	\$271	\$1,317	\$678
9	\$287	\$1,395	\$718
10	\$303	\$1,470	\$756

Level 1 and Higher			
Hours/w eek	10 Payments	2 Payments	4 Payments
1.25	N/A	\$286	\$147
2.25	\$101	\$491	\$253
3.25	\$140	\$680	\$350
4.25	\$175	\$852	\$438
5.25	\$207	\$1,006	\$518
6.25	\$234	\$1,136	\$584
7.25	\$256	\$1,244	\$640
8.25	\$275	\$1,337	\$688
9.25	\$291	\$1,414	\$727
10.25	\$306	\$1,485	\$764

Level 1 and Higher			
Hours/w eek	10 Payments	2 Payments	4 Payments
1.5	N/A	\$338	\$174
2.5	\$111	\$539	\$278
3.5	\$149	\$724	\$373
4.5	\$184	\$892	\$459
5.5	\$214	\$1,040	\$535
6.5	\$240	\$1,164	\$599
7.5	\$261	\$1,268	\$653
8.5	\$279	\$1,356	\$698
9.5	\$295	\$1,432	\$737
10.5	\$309	\$1,501	\$772

Level 1 and Higher			
Hours/w eek	10 Payments	2 Payments	4 Payments
1.75	N/A	\$390	\$201
2.75	\$121	\$588	\$303
3.75	\$158	\$768	\$395
4.75	\$192	\$932	\$479
5.75	\$221	\$1,074	\$553
6.75	\$245	\$1,192	\$613
7.75	\$266	\$1,293	\$665
8.75	\$283	\$1,375	\$708
9.75	\$299	\$1,451	\$747
10.75	\$312	\$1,516	\$780

\*Do Not Count Repertory Class Hours. Repertory Classes are billed separately at a flat rate. See charts below

Fall Repertory Fee		
Pre-Primary - Level 3	\$150	Billed @ \$37.50/month: Registration, Sep, Oct, Nov
Levels 4 thru 6	\$300	Billed @ \$75/month: Registration, Sep, Oct, Nov

Spring Repertory Fee		
Pre-Primary - Level 3	\$188	Billed @ \$37.50/month: Jan - May
Levels 4 thru 6	\$325	Billed @ \$65/month: Jan - May

## 2011 - 2012 Payment Cycle Chart

Payment Cycle	Cycle 1 & 1st Qtr - Due @ Registration				Cycle 2 - Due on 9/10					Cycle 3 & 2nd Qtr - Due on 10/10			
Week Of	8/15	8/22	8/29	9/5	9/12	9/19	9/26	10/3	10/10	10/17	10/24	10/31	11/7

Payment Cycle	Cycle 4 - Due on 11/10				Cycle 5 - Due on 12/10					Cycle 6 & 3rd Qtr - Due on 1/10			
Week Of	11/14	11/21	11/28	12/5	12/12	12/19	12/26	1/2	1/9	1/16	1/23	1/30	2/6

Payment Cycle	Cycle 7 - Due on 2/10				Cycle 8 & 4th Qtr - Due on 3/10				Cycle 9 - Due on 4/10			
Week Of	2/13	2/20	2/27	3/5	3/12	3/19	3/26	4/2	4/9	4/16	4/23	4/30

Payment Cycle	Cycle 10 - Due on 5/10			
Week Of	5/7	5/14	5/21	5/28