

# Columbia Ballet School

Anita Ashley, Founder and Artistic Director

132 Gills Creek Parkway

Columbia, SC 29209

803.783.5258

## Registration for 2017-18

### OFFICE USE

Reg. fee:

Tuition:

Costume:

Recital:

Start date:

Draft

Student's name:

Last name

First name

Nickname

Parent's names:

Last name

First name mother

First name father

Family email  
(required):

Billing  
address:

Street address

City

Zip code

Family  
telephone  
numbers:

Cell

Home

Work

Emergency  
contact:  
(not parents)  
(required):

Name:

Cell

Home

Work

## Student information

Student's date of birth:

Size of leotard (child or adult):

Student's email (if available):

Student's cell number (if available):

Primary physician:

Physician's telephone number:

Student's allergies:

Student's health insurance carrier:

Student's school:

Previous dance experience (including studios):

Please list any other relevant information about this student:

We prefer that you take part in our automated bank draft program which deducts from your bank account on the 3<sup>rd</sup> day of each month. You will receive monthly invoices; we will deduct the amount of the invoice. If you wish to take part in our automated bank draft, please attach a voided check.

## Class Assignments

Assignments are made by teachers. If you are unsure about class assignments for your child, please call the studio (783-5258) and we are happy to discuss classes and levels.

Class	Day	Time
1.		
2.		
3.		
4.		
5.		

Are you interested in any additional classes?

1.	3.
2.	4.

**Release of liability:** As the legal parent or guardian, I release and hold harmless the Columbia Ballet School; the owners of the premises where the dance education classes take place; or any auxiliary staff from any liability in connection with said dance education classes.

Check here to show you have read the above and agree.

**Health and insurance:** I aver and declare further that I or my child is in good health and can participate in physical activities, namely dance education and exercise classes. My physician, named on this form, is aware of my or my child's participation in these activities and has given his or her permission to participate. Given the nature of any physical education classes, and with the knowledge that injuries might occur, I have taken the necessary steps to obtain accident, health or hospitalization insurance to cover any sustained injury.

Check here to show you have read the above and agree.

**Payment information:** Tuition is due by the 10<sup>th</sup> of the month. If accounts are not paid by the 11<sup>th</sup> of the month, there will be a \$30 late fee added on all overdue accounts. There is a \$35 fee for all returned checks. Automatic draft is preferred payment. We do not accept credit or debit cards. **No refunds are given for missed classes.**

Check here to show you have read the above and agree.

**Photo release:** Photographs may be taken during classes, rehearsals and performances. These photographs are used on the school's website and in promotional materials. Names of children are not used without parental permission. I agree that the student's photograph may be used for this purpose.

Check here to show you have read the above and agree.

**By signing here, you agree that you have reviewed the studio schedule and read the policies and procedures policies contained in the Columbia Ballet School Handbook. You agree to abide by all these policies for yourself and/or your child.**

Signature \_\_\_\_\_ Date \_\_\_\_\_