

Class Registration



Class Policies: Initial: _____ Date: _____

1. Signed registration and payment are due on the first day of class.
2. If choosing the payment plan option, registration fee and first 25% payment is due on the first day of class. Monthly payments of 25% fees are due on the 15th of each subsequent month. A 10% late fee will be assessed on the 16th of each month.
3. There will be no refunds after the first week of class.
4. Grade-school student must be picked up from the 2nd-floor studio classrooms. Un-chaperoned grade-school students must remain in the studio and will observe the subsequent class.
5. To avoid injury and class disruption, students tardy more than 5 min. will be asked to sit and take notes during class.
6. Only water is permitted in the studios. No food, gum, or other beverages.
7. Courteous class behavior is expected. Be prepared for class when the instructor enters. No talking during corrections.
8. Please call the office if you child will be absent from class. Parents are asked to respect the health of other students and instructors when considering whether a sick child should attend class.
9. Class uniform is required. Uniforms should clean and tidy, jewelry and warmers removed, and ladies hair should be in a ballet bun.
10. Street clothes must be worn when outside the 2nd floor of ArtsPlace.
11. Students and parents are responsible for checking the class schedules posted on the website and the 2nd floor bulletin board. Emails will be sent in the event of weather-related closings.
12. Please call the office, 859-233-3925, if you wish to schedule a conference. Conferences cannot be accommodated between or during class.
13. Performances are not included as part of class registration. Performance casting is at the sole discretion of the Artistic Director. If invited, student participation is optional and must comply with the performance policies. Performance participation is eligible for community service volunteer hours.
14. Students and parents must demonstrate respect toward instructors and other students at all times. Students and families should refrain from any activity the negatively impacts the school, dancers, instructors, and guest artists.

Assumption of Risk & Liability Release Initial: _____ Date: _____

I am aware that dance training and athletic exercise associated with it place unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself (if I am a student eighteen years of age or older), I assume the risk and agree that the School of the Lexington Ballet (SLB) shall not be liable in any way for injuries sustained during attendance at the ballet school or any of its related functions, including but not limited to training, practices, and performances. I understand that good ballet training involves touching and adjustment of the student's body by the instructor.

Medical Release Initial: _____ Date: _____

I understand that I must inform the teacher of any medical condition that is present or may occur and may affect the student's ballet training while enrolled at the School of the Lexington Ballet (SLB). In the event I cannot be reached, I hereby give my permission to the management, faculty, and staff of SLB to authorize any emergency medical care that may be required by the above student during her/his participation in classes, performances, or any related SLB event. This authorization extends through the current school year or until the student is no longer enrolled at SLB, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Publicity Release: Initial: _____ Date: _____

I hereby authorize the School of the Lexington Ballet (SLB) to record the student's picture and voice on photographs, films and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio or television broadcast programs. I also give my permission for SLB to use and license others to use these materials in any manner or media whatsoever. SLB is permitted to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation have been made by SLB for such use.

Payment Policies Initial: _____ Date: _____

I understand that tuition payment (or my first installment if on payment plan) is due on the first day of classes.

I have read, understand, and agree to the Lexington Ballet Company Class Policies, Liability Release, Publicity Release, and Medical Release.

Student/Trainee Signature: _____ Date: _____

Parent Signature: (if applicable) _____ Date: _____

Class Registration



Student/Trainee Information:

Student/Trainee Name: _____

Birth date: _____ Age: _____ Sex: _____

Student's School: _____ Grade in School: _____

Student's Email: _____ Allergies: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parents/Guardian: _____

Relationship to Student: _____ Occupation: _____

Home Phone: _____ Work: _____ Cell : _____

Email: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

How did you learn about the Lexington Ballet? _____ Referred By: _____

Please provide other information about any condition that may help us provide the best instruction possible:

Select Class & Fees: *(Level is based on evaluation by the School Director, Nancy Dominguez)*

Class Locations ArtsPLace Sayre School Other _____

Class Registration \$ _____ *(only required for the payment plan option)*

Open Class Card \$ _____ *(Good for 10 open Ballet and Barre classes)*

Open Class \$ _____

Creative Movement \$ _____ Day: Tuesday Saturday

Pre-Ballet \$ _____ Day: Monday Wednesday Saturday

Level 1 \$ _____ Level 4 \$ _____ Level 7 \$ _____

Level 2 \$ _____ Level 5 \$ _____ Level 8 \$ _____

Level 3 \$ _____ Level 6 \$ _____ Trainee \$ _____

Tap \$ _____ Contemp. \$ _____ Boy's Cond. \$ _____

Master Class \$ _____

Summer Intensive, Jr \$ _____ Select weeks: Week 1 Week 2 Week 3 Week4

Summer Intensive, Ad \$ _____ Select weeks: Week 1 Week 2 Week 3 Week4

MAD Camp \$ _____ Select weeks: Week 1 Week 2 Week 3 Week4

MAD Camp After-care \$ _____ Select weeks: Week 1 Week 2 Week 3 Week4

Select Payment Options:

Check enclosed for \$ _____ (payable to Lexington Ballet Company)

Payment with Visa/MasterCard: Pay online, <http://lexingtonballet.org/school.html>

Payment Plan – Pay registration fee and 25% of tuition Amount \$ _____

Scholarship: *(if applicable)* Full Partial Trainee Scholarship Amount \$ _____

Trainee: *(if applicable)* Please include this form with signed contract