



Summer Intensive 7/5/16 - 7/29/16

Student Registration Form

***5 pages total

Student Information

Date _____

Dancer's Name _____ Male Female
First Last

Date of Birth _____ Age _____ Height _____ Weight _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____ Home Phone _____

Mother's Name _____ Cell Phone _____
First Last

Father's Name _____ Cell Phone _____
First Last

Dance Training (Indicate how many years)

Dance School/Company _____

Ballet Technique _____ Pointe _____ Modern _____ Other _____

In Case of an Emergency

In an emergency when parent/guardian cannot be reached please contact:

Name _____ Relationship _____
First Last

Home Phone _____ Cell Phone _____

Registration Purpose and applicable non-refundable registration fees

- Intensive Audition: \$25 Fee (Audition fee waived for Saturday students)
-
- | | |
|---|---|
| <input type="checkbox"/> Classical Intensive : 4 Weeks \$1600 | <input type="checkbox"/> Cash (payment in person) |
| <input type="checkbox"/> Classical Intensive : 2 Weeks \$1050 | <input type="checkbox"/> Check (payable to V & T Dance) |
| <input type="checkbox"/> Classical Intensive : 1 Week \$550 | <input type="checkbox"/> Card (payment in person) |
| <input type="checkbox"/> Fairy Tale Camp : 1 Week \$250 | |

***Note: Summer intensive application is due by April 30, 2016 with final payment due by June 1, 2016.**

SIGNATURE

Signature _____
Student Applicant (if over 18 years of age)

Signature _____
Parent or Legal Guardian (if student under 18 years of age)

MAIL COMPLETED REGISTRATION AND FEES (if applicable) TO: V & T DANCE 23601 Ridge Route Drive, Suite A, Laguna Hills, CA 92653



Emergency Medical Release & Liability Waiver

THIS EMERGENCY MEDICAL RELEASE & LIABILITY WAIVER MUST BE COMPLETED

BEFORE A DANCER CAN PARTICIPATE IN ANY CLASS.

I, the undersigned the dancer or parent/guardian of the above listed dancer (if dancer is under the age of 18) acknowledge and fully understand that each dancer will be engaging in activities that involve risk of injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the routine of the training, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Victor & Tatiana, Victor & Tatiana Dance Academy, its directors, instructors, managers, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of business premises used to conduct event, all of which are hereinafter referred to as 'releases', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the dancer as a result of the dancer's participation in the academy programs.

Each dancer should be in good physical condition and has been found physically capable of participating in the dance academy programs. In case of emergency, I hereby give my consent to have V&T Dance to contact 911 for necessary medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releases because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releases.

I have read the above waiver/release and I have signed this medical release and liability waiver form voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from Victor & Tatiana Dance Academy will cause the dancer to be removed from the Program.

Dancer's Name _____

Signature of Student/Parent/Guardian's Signature* _____

Date _____

*Must be signed by parent or legal guardian if student is under the age of 18



V & T Dance
23601 Ridge Route Drive, A,
Laguna Hills, CA 92653

Media Recording/Usage Release: V & T Dance

I hereby give my consent for the image and likeness of _____
to be videotaped, audiotaped, or photographed for the following uses:

- Educational/Instructional media
- Recruitment/Outreach media
- Development media
- Newsworthy media documentation

I further authorize V & T Dance to use this electronic media and/or photographs in any manner-whole, or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production of educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of V & T Dance.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release V & T Dance and its component parts from all liability which could result from its use.

Participant's Name _____

Address _____

Phone Number _____

Participant's Signature _____

(if over the age of 18)

A parent or guardian must sign this form if the participant is a minor or if the participant is hindered by mental or physical challenges.

Parent/Guardian's Name _____

Parent/Guardian Signature _____

(if participant is under the age of 18)

V&T Dance Summer Intensive Registration Agreement 2016

This agreement is made and entered into between V&T Classical Ballet & Dance Academy / V&T Dance (School) and _____ (Parents or Legal Guardians of Student).
School accepts _____ (Student) DOB _____ (Student's Date of Birth) for enrollment period _____.

Tuition & Schedule of Payment:

4-week session \$1,600 (7/5 - 7/29)

2-week session \$1,050 (7/5 - 7/15 OR 7/18 - 7/29)

1-week session \$550

Summer intensive application is due by *April 30, 2016* with final payment due by *June 1, 2016*.

Limited availability with priority given to those dancers attending all four weeks. Students will be notified by March 16, 2016 via e-mail whether they have been accepted. Waitlisted students will also be notified.

Bonus \$100 discounted tuition offered to those attending 4 weeks for submitting your application and \$500 tuition deposit by *April 1, 2016*.

Performance is scheduled to be on July 29, 2016 at the end of the intensive for those attending all 4 weeks.

The fees are non-refundable if the student is withdrawn prior to the start of the summer intensive program or anytime during the program. All registration forms must be completed, signed and returned to school before the student can attend the first day of summer intensive program.

Tuition Payment Terms:

- All payments and fees are non-refundable. Checks should be made payable to "V&T Dance".
- Returned checks are subject to an additional fee of \$35. Accounts with two returned checks during one school year will be placed on a "cashier's check" or "cash" basis. These accounts may be paid with cashier's check or Post Office money orders or cash only.
- The earliest drop-off time is 15 minutes before class starts and pick-up time is within 15 minutes after class ends. The student will be not permitted to enter class ten minutes after class starts. I am aware of the hours of operation and agree to pick up student promptly. I understand that I will be assessed a late fee of \$10 if my student is left 15 minutes past dismissal time and an additional of \$2 will be assessed for every minute after.
- Tuition and tuition deposit refunds will NOT be made. If student is absent from the program due to illness or other reasons, parents will continue to pay full tuition rate unless he/she is officially withdrawn.
- A 30-day advance written notice is required for official withdrawal from the program. Audition, application, registration fees, and tuition/tuition deposit are NOT refundable. There is NO exception.
- If you withdraw anytime within the summer intensive period, the tuition deposit will be forfeited.
- A 30-day advance notice will be given prior to any rate change.

V&T Dance shall have the right to exclude any student from attendance at school, temporarily or permanently, who is deemed by the Directors (Victor Kasatsky & Tatiana Kasatsky) to be interfering with the health, safety, or educational development of himself/herself or any other student in the school. The school will also discontinue a student's enrollment for reasons of non-cooperation, inability of student or parent(s) to adjust to the school program and its policies as well as delinquency in payment of tuition of fees.

I/We understand and agree that, given the standard of education offered at the School and the professional personnel and environment in which education is offered at the School, if we elect to withdraw the Student or if the Student is dismissed, the School will suffer damages, the precise amount of which is difficult or impracticable to ascertain. Accordingly, we agree to the following liquidated damages provision:

1. If this Agreement is signed and the deposit is paid, and if I/we withdraw the Student, the School shall retain the entire tuition amount and tuition deposit.
2. I/We understand that my/our obligation to pay the fees for the full summer intensive program is unconditional and no portion of the fees paid or any outstanding balance will be applied to regular school year program, refunded or cancelled in the event of absence, withdrawal or dismissal from the School.

I/We understand that if an illness or medical emergency arises, the School staff will try to contact me. If we/I cannot be reached and THE EMERGENCY IS SUCH THAT IMMEDIATE ATTENTION IS NECESSARY, THE STAFF HAS OUR/MY PERMISSION TO TAKE OUR/MY CHILD TO THE HOSPITAL. THE HOSPITAL HAS OUR/MY PERMISSION TO GIVE OUR/MY CHILD IMMEDIATE MEDICAL CARE UNDER MY EXPENSES.

I/We give my child permission to participate fully in this program. I/We, the undersigned, have read this policy and fully understand and agree to adhere to the Registration and Tuition Agreement described above.

Please initial to indicate permission:

- Opt-in Email Updates
- Student can be photographed for educational/news publicity purposes

Please initial to indicate received:

- V&T Parent & Student Handbook
- Copy of this Agreement

Parent's Signature: _____

Name of Parent: _____

Student's Signature (if over age of 18) _____

Name of Student: _____

Date Signed: _____

