



2017 Summer Session Registration

Student's Name: _____ Referred By: _____

Age: _____ DOB: _____ Academic School : _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home #: _____ Student Cell #: _____

E-mail: _____

Emergency Contact: _____ Relation: _____ Cell #: _____

Mother's Name: _____ Cell #: _____

Occupation: _____ Work #: _____

Father's Name: _____ Cell #: _____

Occupation: _____ Work #: _____

SUMMER SESSION

The Tampa Bay Ballet Summer Session will run from June 5th, 2017-September 2nd, 2017. The studio will be closed from July 3rd-8th. Classes will run Monday-Saturday. The Summer Schedule is subject to change at any time, without notice.

TAMPA BAY BALLET TRAINING CURRICULUM

The teaching methods of Tampa Bay Ballet's training curriculum incorporate elements of the French, Italian, and Russian schools of training and focus on principles such as correct posture, placement, and coordination.

CLASS PLACEMENT

Classes are available for students ages 3 (as of June 1, 2017) through adult and all skill levels. For new students, attending a placement class is required for Ballet level 2 and higher. The admission requirement is teacher approval for the class.

UNIFORMS AND ATTIRE

Tampa Bay Ballet requires that all students be in uniform to participate in class. For Pre-Primary – Ballet 4, the class uniform consists of a level-specific leotard, pink tights worn inside pink ballet slippers, with hair in a secure bun. Boys must wear a white t-shirt, black shorts/tights and black ballet slippers. Level-specific uniforms are available for purchase from an office administrator and are required to be purchased from Tampa Bay Ballet. Adult students may wear appropriate dancewear with ballet slippers. For Character, Modern, Jazz, and Tap class, a leotard and tights with the appropriate shoes should be worn.

CLASSROOM ETIQUETTE

The practice of proper classroom etiquette, protocol, and ethical behavior provide essential tools to succeed. Students must arrive on time to participate in class, if they are more than 15 minutes late they may be asked to observe the remainder of the class. If a student is to leave early from class, permission must be requested from the teacher in advance. Cover ups must be worn when entering and exiting the studio and minors must be escorted by a parent or legal guardian. TBB teachers and staff are not responsible for students before and after class. Gum, Food, Jewelry, Toys, Drinks besides water are not allowed in class. Students who are disruptive to the class may be asked to observe the remainder of the class or to leave.

LOBBY ETIQUETTE

The Tampa Bay Ballet Lobby is a quiet area for parents to view their children dancing. TBB is not responsible for watching or entertaining other children. Parents and students are expected to respect TBB teachers and staff, other students, and other parents. The lobby door to the studio must remain closed while classes are ongoing, it is disruptive to the class. Any violations of these rules will result in the violator asked to leave.

ATTENDANCE

Students should attend classes regularly and refrain from excessive absences.

REGISTRATION AND TUITION

There is no registration fee for the 2017 summer session. All Tampa Bay Ballet students will be utilizing a punch card for their classes. Each class is one punch on a punch card. It is the student's responsibility to remember their punch card for each class. If a student forgets their punch card, they will not be admitted into class. The punch card expires on the date listed on the card itself. No refunds are offered for punch cards.

PHOTO AND VIDEO RELEASE

I understand and acknowledge that my child may be photographed and/or videotaped while participating in classes/functions involving Tampa Bay Ballet. I do hereby authorize Tampa Bay Ballet and its affiliates to use these photographs and video recordings for the purposes of illustration, advertisement and publication in any manner whatsoever.

COMMUNICATIONS

Tampa Bay Ballet's main form of communication is email. It is the parents' responsibility to provide a correct email address, please check the one you listed above is a primary email you check. Please make sure to accept group emails and check spam if necessary. Emails will come from: Lindsay@tampabayballet.com Amanda.tbb.tbt@gmail.com, Katharine.tbb.tbt@gmail.com, Heather.tbb.tbt@gmail.com and Tammy.tbb.tbt@gmail.com.

I, the adult student or the minor's parent and/or legal guardian, understand and will follow the above Tampa Bay Ballet, LLC operating policies. Please sign below:

Adult Student/Parent/Guardian (Print Name)

Witness

X _____
Adult Student/Parent/Guardian (Signature)

Date

TAMPA BAY BALLET, LLC RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in programs provided by Tampa Bay Ballet, LLC, I represent that I understand the nature of this activity and that the student is qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injuries, including permanent disability, paralysis and death, which may be caused by own actions, or inactions, those of others participating in dance activity, the conditions in which the dance activity takes place, or the negligence of the "releasees" named below; and that there may be other risks either to known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in ALL activities include with the space provided by Tampa Bay Ballet, LLC

I hereby release, discharge, and covenant not to sue Tampa Bay Ballet, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "Releases" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability and assumption of risk I, or anyone on my behalf, makes a claim against any of the releases, I will indemnify, save, and hold harmless each of the releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

PARENTAL CONSENT

AND I, the adult student or the minor's parent and/or legal guardian, understand the nature of the above referenced activities and myself or the Minor's experience and capabilities and believe myself or the minor to be qualified in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any releasee may incur as the result of any such claim. I/We agree that this Consent and Assumption of Risk Statement covers each and every event or activity. I also understand that there are no refunds on tuition fees, performance fees, registration fees or sponsorship money.

Printed Name of Student or Parent/Legal Guardian

X _____
Signature of Student or Parent/Legal Guardian

Date

TAMPA BAY BALLET, LLC RELEASE FORM WAIVER & MEDICAL RELEASE FORM

Student's Name: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____ E-mail: _____

Daytime Phone #: _____ Evening Phone #: _____ Cell #: _____

Emergency Contact: _____ Relation: _____ Cell #: _____

Medications currently prescribed (if any): _____

Allergies: _____

List any medical conditions: _____

If not covered under any insurance policy, please be aware that any and all bills will be sent directly to the above listed parent or guardian.

By permitting myself or my child to participate in the Tampa Bay Ballet, LLC dance program, I understand and acknowledge the fact that participation in dance involves a certain degree of risk. I hereby release Tampa Bay Ballet, LLC and all associates or representatives, owners, employees, jointly and separately from any and all personal injury claims arising through or from participation in activities while at Tampa Bay Ballet, LLC.

Furthermore, I/we authorize Tampa Bay Ballet, LLC or its representatives to procure, at my/our expense any medical care reasonably required by a foresaid child during his/her visit at the hospitals or facilities chosen by Tampa Bay Ballet, LLC. I/we present any medication to which a foresaid student is currently taking or allergic to is listed above. I (adult student) or the minor child is responsible for consuming the prescribed dosage, and the prescribed medication will NOT be administered by Tampa Bay Ballet, LLC or its staff.

I hereby certify that I have read and understand the foregoing.

X _____
Adult Student/Parent/Guardian (Signature)

Date