Fort Lauderdale Youth Ballet

REGISTRATION FORM 2026-2027 (Page 1 of 3)

STUDENT(S) ENROLLING:

1. First Name_____ Last Name_____D.O.B.____/____/____ Sex:_____ Age ____

2. First Name_____ Last Name_____D.O.B.____/____/____ Sex:_____ Age ____

3. First Name_____ Last Name_____D.O.B.____/____/____ Sex:_____ Age ____

PARENT/GUARDIAN INFORMATION:

(Last)_____ (First)_____

Home Address:_____ City_____State_____Zip_____

Phone: (Cell) (____) _____(2nd#) (_____) _____ INSTAGRAM: _____

(E-mail #1)_____(Student e-mail #2)_____

**Any Medical Condition:_____

**Emergency Contact: _____(phone)_____

For Office Use Only

Assigned Level/Program: Ballet 5 Ballet 6 Ballet 7 Intermediate Pre-Advanced Advanced Homeschool

Multiple Sibling Discount: Yes or No Additional Notes/Comments:

Nutcracker Participation: Yes or No Gala Participation: Yes or No Competition Team: Yes or No

***I understand that monthly tuition must be paid in monthly installments due the 1st of every month from August 10, 2026, to June 26, 2027. It's an 11 month contract:**

_____ _____

Parent or Student Signature (if student is over 18) **Date**

I will be paying my tuition by: Zelle (754) 303-9412 ____ / Invoice Via Email: _____Check _____

Card Number_____ Exp date: _____/_____/_____ CVV#_____

Billing Information: (Last)_____(First)_____

Home Address:_____City_____State_____Zip_____

Office use Only Please do not fill out this box*

Monthly Tuition: _____ Yearly Tuition: _____

Promotional/Family Discount (Company Packages not Included): 10% _____

Registration Fee:_____

FLYB
Fort Lauderdale Youth Ballet

***NEW* Payment / Billing Terms:**

We will ONLY be accepting Credit Card Payments.

Tuition will be automatically billed between the 1st and the 3rd of every month, with an invoice sent to the email on file.

Any credit card decline will result in a $25.00 fee to re-process prior to end of day on the 3rd of the month.

Anything processed or received after the 3rd will result in a $50.00 late fee (no exceptions).

It is MANDATORY that every registered dancer has a current credit card on file.

We highly encourage anyone who has difficulty paying to reach out to us PRIOR to the first of the month to arrange a payment plan. A payment plan may help those that do not have the full tuition prepared for the 1st of the month.

Payment plans may be bi-monthly or weekly payments to complete your tuition payment, however, a charge of $25.00 per payment to administer these payments will be billed.

Dancers will NOT be permitted into class until balance per month is paid or agreement payment plan is set forth.

Those that work/barter services rendered at studio, must submit hours approved by Mr. German or Mrs. Idania by the last day of the month so we can adjust your tuition prior to billing. It not received, credits will carry to the following month.

Credit Card Information

Name on Card: _____

Credit Card Number: _____ Expiration Date:_____ CVV: _____

Billing Address: _____

By signing below, I hereby agree with the terms set forth above

_____ _____

Parent Name (Print) Parent Signature

Fort Lauderdale Youth Ballet

Policies and Guidelines Form 2026-2027 (Page 2 of 3)

Policies and Guidelines (*Please read and initial)*

____ I acknowledge to have read the terms of this agreement in its entirety. I understand that under the terms of this agreement, the Ballet Studio obligates itself to furnish the student with competent instruction and suitable facilities for teaching lessons. All class sessions are supervised by qualified personnel trained in the procedures and traditions of dance instruction.

____ Student(s)/Guardian(s) hereby declares and confirms that he/she is physically able to take the prescribed course of instruction.

____ I understand that not all girls may be lifted or able to do partner work due to height/weight ratio. Our male dancers must build strength, and the females must maintain a healthy weight, this is a responsibility for both partners to ensure safety for both dancers.

____ I understand that tuition is to be paid in the specified installments listed on page 1 of this form and is not affected by lesson schedule and/or attendance.

____ **I understand that the tuition in this agreement is due monthly and consists of up to 11 payments August – June.** Tickets, photography packages, Performance Video, performance fees etc., are NOT included in the tuition. If for any reason my child withdrawals from FLYB all future payments will be terminated. Written notification must be given seven days prior to your monthly payment.

____ If student gets injured and unable to dance for over two weeks, monthly tuition will be pro-rated with a written doctor note.

___ If student wishes to leave/quit, parent(s) must provide written notice via email 30 days prior to 1st of the month to avoid tuition being billed. Please note that re-enrollment will require fulfillment of previous contract, unless approved by Mr. German.

____ I acknowledge that **FLYB** is not responsible for any injuries a pupil may receive while on the premises. Each student assumes the risk involved in participating in any Dance related classes or performances. I release the school, its staff members, and any fellow students from any liabilities resulting from any personal injury and/or loss of personal property. I hereby agree to all terms and conditions of the liability waiver.

____ Students who are *not* registered for the Homeschool Morning Program but wish to attend the day program (e.g., due to a school closure) will be billed an additional $60 per day. This discounted rate is only available to dancers already registered in our program and includes evening students with unlimited packages. Exceptions must be discussed and approved by Mr. German in advance. Homeschool students who miss a morning class are permitted to make up the class during the evening program..

____ I authorize Fort Lauderdale Youth Ballet to debit (credit if necessary) my bank account using my credit card automatically on behalf of Fort Lauderdale Youth Ballet as per Payment Billing Terms. The information I have provided to Fort Lauderdale Youth Ballet is true and correct to the best of my knowledge.

____ I agree to pay the facility for the instructional services rendered the fee listed above, payable in installations as agreed. I understand that my account will be debited on the day and in the amount agreed to with the school. I acknowledge that there will be a $50.00 fee for each returned check due to insufficient funds

____ All parents and students will conduct themselves in the utmost appropriate manner at all times, including performances and events outside of the Facility, representing Fort Lauderdale Youth Ballet. We reserve the right to forfeit this agreement and to remove a student from our studio for any actions we deem as misconduct and/or inappropriate by the student, family member, or friend of the student.

____ There are no refunds at any time, including missed classes for personal reasons, inclement weather, or acts of God. I understand that if Broward County Schools are closed due to inclement weather all classes will be canceled for that day as well. However, your account may be frozen due to a doctor documented medical excuse. These will be dealt with on an individual basis and are at the discretion of the Director. I understand it is the student's responsibility to make up classes.

____ NO parents are allowed into the dance room during class, unless specifically invited by instructor.

____ Please arrive a few minutes before scheduled class. It is important that late students are not disrupting class If students are more than 10 minutes late, they will have to sit during class, no make up class permitted.

____ NO open containers allowed in studio. Your drink must be in a sealed container and be spill-proof. NO coffee, NO Refreshers, ONLY water permitted. We have very expensive shoes, dance wear, and costumes and if damaged, you will be responsible for reimbursement.

____ Parents are NOT permitted to have any meetings with teachers/staff without scheduling through Mr. German. Our staff is not required to talk and discuss any concerns with parents, their time is meant to be teaching and compensated for that time only.

____ **FLYB will be videotaping and/or taking photographs of our students in class, special events, and performances. We would like your permission to use these photographs for publicity purposes and to show you and the community organizations some of the programs at Fort Lauderdale Youth Ballet.**

____ **Fort Lauderdale Youth Ballet** reserves the right to untag any ballet picture that the post does not represents properly FLYB and could compromise the reputation of the studio. So please consider before posting any pictures in social media.

_____ _____

Parent or Student Signature (if student is over 18) **Date**

INSTAGRAM Accounts giving permission to tag any posts _____

Fort Lauderdale Youth Ballet

Waiver of Liability and Release Agreement Form 2026-2027 (Page 3 of 3)

I, _____(parent guardian), in connection with my son/daughter, _____("the participant"), attending and participating in classes and /or ballet activities at Fort Lauderdale Youth Ballet hereby agree as follows:

Acknowledgement of Risks and Responsibility

The Undersigned understands that there are certain dangers, hazards, and risks (foreseen and unforeseen) inherent in attending and participating at the Fort Lauderdale Youth Ballet studio, including without limitation, risks related to use of equipment and facilities, personal safety (including risks of minor and serious injury), and risks of property damage.

In recognition of the dangers, hazards, and risks associated with attending Fort Lauderdale Youth Ballet, the Undersigned confirms that the participant is physically and mentally capable of attendance and participation in all activities and use of all equipment associated with the Fort Lauderdale Youth Ballet. The participant is willingly and voluntarily attending and participating and the Undersigned agrees that they and the participant shall assume all dangers, hazards and risks (foreseen and unforeseen) inherent in, arising from or related to the participant's attendance and participation in the Fort Lauderdale Youth Ballet studio.

Participant's Health

In anticipation of the participant's enrollment in the Fort Lauderdale Youth Ballet, the Undersigned and participant have consulted with a medical doctor with regard to the participant's medical condition. The participant has no physical or mental conditions which would cause him/her to be a danger to himself/herself or to others, is capable of participating in all activities associated with the Fort Lauderdale Youth Ballet.

Preferred Hospital: _____ Doctor: _____

Drs. Phone:(___)_____ Insurance Policy Name and Number: _____

Waiver of Fort Lauderdale Youth Ballet Inc. Liability RELEASE AND HOLD HARMLESS

In consideration of the attendance and participation in the Fort Lauderdale Youth Ballet studio and knowing the dangers, hazards, and risks (foreseen and unforeseen) of attending and participating in the Fort Lauderdale Youth Ballet studio, the Undersigned, for themselves, any other parent and the participant, understands(s) and agree(s) to RELEASE AND HOLD HARMLESS Fort Lauderdale Youth Ballet Inc. and its current and former officers, directors, employees, attorneys, representatives, and agents and waive any claim for injury and damage resulting from the participant's attendance and participation in the Fort Lauderdale Youth Ballet studio.

Acknowledgement

It is the express intent of the Undersigned that this Agreement shall bind the undersigned, any other parent, the participant, the participant's family, estate, heirs, administrators, personal representatives or assigns. The Undersigned acknowledges that they have read and understand this document and the RELEASE AND HOLD HARMLESS provisions.

The above named participant has my permission to participate in the Fort Lauderdale Youth Ballet program. If contact is unsuccessful, I give my permission to the attending camp director to render medical treatment to the participant, including (if necessary) hospitalization. Any expenses arising from the injury or illness is the responsibility of the person signing below.

Parent/Guardian printed name: _____

Signature: _____

Emergency phone #: (____) _____Date: _____