

Registration Fee - \$500.00 for 6 week program or 3 week program if space is available. Priority will be given to those attending the 6 weeks. This amount will be applied towards your summer tuition. Commitment letter signed for the entire summer. No make up or half weeks. Please e-mail flybschool@gmail.com. Once accepted, commitment letter must be signed and returned. Final payments must be received by June 1, 2024, to guarantee your spot in a program.

STUDENT ENROLLING:

1. First Name _____ Last Name _____ D.O.B. ___/___/___ Age: ___ Sex: _____

Ballet School _____ Level: Intermediate _____ Advance _____ Ballet 3 _____

PARENT/GUARDIAN INFORMATION: (PLEASE PRINT NEATLY)

(Last) _____ (First) _____

Home Address: _____ City _____ State _____ Zip _____

Phone: (Cell) (____) _____ (2nd#) (____) _____ (3rd#) (____) _____

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

Advanced Level, Ages 13 up, Must be en pointe (Only 10 Spaces Available)

Schedule 1:00 PM-6:00 PM Drop Off 12:45.

- \$2,500 for the entire 6 weeks. 1st deposit \$500.00 due at registration to reserve your spot. 2nd Payment of \$500.00 due May 1st. Final payment of \$1,500.00 due June 1, 2025.
- \$1,500 for 3 weeks or \$2,000 for 4 weeks (\$500.00 Weekly) if space available (Priority will be given to the 6 weeks students). 1st deposit \$500.00 due at registration to reserve your spot. Final payment of \$1,000.00 (for 3 weeks) or \$1,500 (for 4 Weeks) due by June 1, 2025.

Weeks attending: 6/23-06/28 ___ 06/30-07/5 ___ 07/07-07/12 ___ 07/14-07-19 ___ 07/21-07/26 ___ 07/28-08/02 ___

Intermediate Level, Ages 10-12, Must be en pointe; Older level Ballet 5. Schedule 9-2 Drop Off 8:45.

- \$2,500 for the entire 6 weeks. 1st deposit \$500.00 due at registration to reserve your spot. 2nd Payment of \$500.00 due May 1st. Final payment of \$1,500.00 due June 1, 2025.
- \$1,500 for 3 weeks or \$2,000 for 4 weeks (\$500.00 Weekly) if space available (Priority will be given to the 6 weeks students). 1st deposit \$500.00 due at registration to reserve your spot. Final payment of \$1,000.00 (for 3 weeks) or \$1,500 (for 4 Weeks) due by June 1, 2025.

Please select the weeks attending:

Weeks attending: 6/23-06/28 ___ 06/30-07/5 ___ 07/07-07/12 ___ 07/14-07-19 ___ 07/21-07/26 ___ 07/28-08/02 ___

Students Instagram / Facebook Profile Name _____

Fort Lauderdale Youth Ballet

Policies and Guidelines Summer Intensive FORM 2025 (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 acknowledges that he/she is physically able to take the prescribed course of instruction.

_____ I understand that Summer Intensive 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 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.

_____ I will faithfully comply with all rules and regulations of Fort Lauderdale Youth Ballet facility and follow the guidelines of social distancing regulated by CDC. Student must carry a mask and respect the distancing between the students and teachers.

_____ 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. However, your account may be credited due to a doctor documented medical excuse.

_____ 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.

Parent or Student Signature (if student is over 18)

Date

Printed Name

Fort Lauderdale Youth Ballet

Waiver of Liability and Release Agreement Summer Intensive FORM 2025 (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, ad 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: _____