Treasure Valley Ballet Academy

Registration Form (2018-2019)

Student Name _____ Birth Date _____ Age _____
first last

Address _____ City _____ Zip _____

School ('18–19) _____ Grade ('18-19) _____

Dance Experience (if new to TVBA) _____

Parents/Guardians _____ Cell Phone _____

Email Address _____ 2nd Cell Phone _____

2nd Email (opt'l) _____ Home Phone _____

Emgcy Contact _____ Relation _____ Phone _____

How did you find TVBA? Parents-Guide / Brochure / Banner / Facebook / Google / Referred / Other _____

Class Level / Day / Time (e.g. Pre-Ballet 3 / Fri / 5:15) **1st** _____/_____/_____

2nd _____/_____/_____ **3rd** _____/_____/_____

4th _____/_____/_____ **5th** _____/_____/_____

☐ *payments via ACH auto-draft*
(submit ACH Payments Form if current form is not already on file)

Registration fee _____

First costume fee _____

Any tuition paid at registration _____

Total amount paid at registration $ _____

Academy Policies and Media Release: I, the undersigned, have received, read, and understand the *Treasure Valley Ballet Academy Policies (2018-2019)* form and agree to the content therein including the *Tuition and Fees (2018-2019)*. I also grant permission to *Treasure Valley Ballet Academy LLC* and its agents to use photographs and motion pictures of the above student in conjunction with this Academy in an appropriate manner as determined by this Academy. I waive any rights, title, and interest in the above mentioned media.

Medical Consent: In the event of injury or sudden illness, I do hereby authorize the agents and instructors of *Treasure Valley Ballet Academy LLC* to arrange for such timely medical services they deem reasonable and necessary to the welfare of the injured or ill. I do hereby release *Treasure Valley Ballet Academy LLC* and its associates from all liability in taking such actions. I, the undersigned, have read this Medical Consent and understand all its terms. I execute it voluntarily and with complete understanding of its significance.

Liability Release: I do hereby release from liability *Treasure Valley Ballet Academy LLC, TVBA Properties LLC,* and any other associated entities, agents, instructors, teachers, employees, and managers thereof. This includes but is not limited to liability from personal loss, damages by reason of injury or illness, and property damages or loss that may be sustained in conjunction with this Academy. I hereby warrant that I am of full age to sign this consent and these releases or that I am a legal guardian of the above named minor.

Signature of Parent/Guardian _____ **Date** _____

Please send with check or ACH Payments Form to: 1545 E Leigh Field Dr., Ste. 150, Meridian, ID 83646

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