Treasure Valley Ballet Academy

Registration Form (2020-2021)

Student Name _____ Birth Date _____ Age _____
first last

Address _____ City _____ Zip _____

School ('20–21) _____ Grade ('20-21) _____

Dance Experience (if new to TVBA) _____

Parents / Guardians _____

Email Address* _____ Phone _____

Opt'l: 2nd Email* _____ 2nd Phone _____

*will be subscribed to TVBA emails

Emgcy: Contact _____ Relation _____ Phone _____

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

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

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

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

☐ *check here to approve payments via ACH auto-draft (submit ACH Payments Form if one with current information is not already on file)*

Registration fee (due at registration) _____

First costume fee (due at registration) _____

Any tuition being 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 (2020-2021)* form and agree to the content therein including *Tuition and Fees (2020-2021)*. I also grant permission to *Treasure Valley Ballet Academy LLC* and its agents to use images and motion pictures of the above student captured in conjunction with this Academy. This includes but is not limited to advertising and online sharing. 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** _____
signature required for participation

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

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