

Treasure Valley Ballet Academy

Registration Form (2024-2025)

Student Name _____ Birth Date _____ Age _____
first last

Address _____ City _____ Zip _____

School ('24-25) _____ Grade ('24-25) _____

Dance Experience (if new to TVBA) _____

Parents / Guardians _____

Email Address* _____ Phone _____

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

*will be subscribed to emails from TVBA

Emgcy: Contact _____ Relation _____ Phone _____

How did you find TVBA? Parents Guide Social Media Signage Web Search Referral Other _____

Class Level / Day / Time (e.g. Pre-Ballet 4 / Fri / 5:30) 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 \$ _____

Medical Consent: In the event of injury or sudden illness, I 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 hereby release *Treasure Valley Ballet Academy LLC* and its associates from all liability in taking such actions.

Media Release: I hereby 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. I waive any rights, title, and interest in the above-mentioned media.

Liability Release: I hereby release from liability *Treasure Valley Ballet Academy LLC*, *TVBA Properties LLC*, and any other associated entities, agents, instructors, 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.

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. I also agree to the *Treasure Valley Ballet Academy Policies (2024-2025)* and the content therein including *Tuition and Fees (2024-2025)*.

Signature of Parent/Guardian _____ Date _____

signature required for participation

Please return this form and the [ACH Form](#) or check to info@tvballet.com or 1545 E Leigh Field Dr., Ste. 150, Meridian, ID 83646