



*South
Mississippi
Ballet
Theatre*

Registration Form
2015 – 2016

Level _____

STUDENT INFORMATION

Name _____ Age _____

Address _____ Apt/Unit # _____

City _____ State _____ Zip Code _____ DOB ____/____/____

Email _____

Academic School _____ Grade _____

(____) _____ - _____ Home Phone (____) _____ - _____ Cell Phone

PARENT INFORMATION

Father's Name _____ Mother's Name _____

Address _____ Address _____

(____) _____ - _____ Phone (____) _____ - _____ Phone

Email _____ Email _____

Employer _____ Employer _____

EMERGENCY CONTACT

Contact Name _____ Relationship _____

(____) _____ - _____ Primary Phone (____) _____ - _____ Work Phone

Does your child have any medical, learning or other special considerations that the Academy should be aware of? (Please indicate below)

I, guardian of _____, hereby consent to the participation of the student in the South Mississippi Ballet Theatre ballet programs.

I am aware that all forms of dance and the rigorous exercises associated with it place unusual stresses on the body and carry with them the possible risk of physical injury. I assume this risk and agree that South Mississippi Ballet Theatre, its staff, and its facility shall not be liable in any way for injuries sustained during attendance in the program.

Additionally, I have read the South Mississippi Ballet Theatre handbook and understand all information pertaining to the training, curriculum, and financial and general policies of the Academy.

Photographic Waiver

I hereby irrevocably consent to and authorize the use and reproduction by South Mississippi Ballet Theatre of any and all photographs, recordings, videotapes and/ or other reproductions or likenesses of the student's person or characteristics (reproductions) which have been secured by or for South Mississippi Ballet Theatre, for any purpose whatsoever, without compensation to the student. All reproductions shall constitute the property of South Mississippi Ballet Theatre, solely and completely. Further, I assign and release all rights to said reproductions and authorize South Mississippi Ballet Theatre, or others authorized by it, to exhibit, broadcast, and/ or distribute or otherwise further reproduce said newspapers, closed circuit television, web site, film, cable, and television, with or without compensation in perpetuity. I also release, discharge, and agree to hold harmless the producers or any persons, or entities acting under their permission or authority from any liability arising from the use of said reproductions.

- I/ we agree to the above stated waiver
- I/ we do not agree to the above stated waiver

Student Signature _____ Date ____ / ____ / ____

Guardian Signature _____ Date ____ / ____ / ____

Tuition Agreement

(Please initial the following statements and sign below)

- I understand that once classes have started, tuition for the month is non-refundable
- I understand that if a student withdraws from SMBT, a written notice must be presented to SMBT 60 days before withdrawal. Otherwise, tuition will be due whether or not student attends classes.
- I understand that it is the student's responsibility to make up missed classes. Missed classes may be made up at an equal level or one below at any time during the month.
- I understand that in the case of long-term illness or serious injury, credit may be extended for future classes. Requests must be made in writing, accompanied by a doctor's note stating inability to continue classes. Requests must be made in a timely fashion to the School Director and are subject to a \$10.00 administration fee.
- I understand that a student with an outstanding balance from a previous term will not be permitted to re-enroll until accounts are made current.

Student Signature _____ Date ____ / ____ / ____

Guardian Signature _____ Date ____ / ____ / ____