

# Abigail Francisco School of Classical Ballet

Classical Ballet | Jazz | Tap | Contemporary



## 2022 REGISTRATION FORM – SUMMER PROGRAM

**STUDENT:** \_\_\_\_\_  
Last First Middle

**MAILING ADDRESS:** \_\_\_\_\_  
Street City State Zip

**E-mail address** (parents' e-mail): \_\_\_\_\_

**Additional e-mail address:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**FATHER:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**MOTHER:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

*In the event the student's parent/guardian cannot be reached, please supply an emergency contact:*

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE (S):** \_\_\_\_\_

**FAMILY PHYSICIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PLEASE LIST ANY MEDICAL CONDITIONS:** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE**

(Parent/Guardian if student is under 18 years of age.)

**DATE**

Student's Full Name \_\_\_\_\_  
Last First Middle

### **Abigail Francisco School of Classical Ballet, LLC – Policies**

I understand the policies, Rules & Regulations of the Abigail Francisco School of Classical Ballet, LLC and am enrolling my child/self in classes. I agree to pay all fees by the scheduled due date. ***I understand that failure to pay fees by the due date will result in a \$25.00 administrative charge regardless of reason.*** I understand that the school is not responsible for any loss of property. I am also aware that all policies and procedures of the Abigail Francisco School of Classical Ballet are detailed on the school website.

**Summer tuition will be due no later than the first day of class.** Payments can be made by cash, check, credit card (Visa, Master Card, Discover) and money order. Cash payments must be paid during office hours; checks and money orders dropped at the payment box located inside the North Beach studio or mailed to: P.O. Box 578, North Beach, MD 20714. Credit card payments can be processed during office hours, in person, online via our website, or via telephone, and will include a \$3 processing fee. Tuition and all other fees are non-refundable and non-transferable.

**Returned Check:** There will be a \$30 service charge payable to the studio along with any related bank fees for every returned check. After a returned check, I understand I will be required to make all future payments by cash, credit card, or money order.

**Image/Photo Release** – Abigail Francisco School of Classical Ballet, LLC reserves the right to use images of students for promotional, educational, advertising, or other purposes. This includes still or moving images in any medium.

***I understand that my signature below indicates acceptance and understanding of the Policies, Rules & Regulations of the Abigail Francisco School of Classical Ballet***

### **Waiver and Release from Liability**

I, \_\_\_\_\_, recognize that dance is a physical art and injuries may occur, yet I do  
Parent/Guardian if participant is under 18 years of age - **Print Name**

hereby release and forever discharge the Abigail Francisco School of Classical Ballet, LLC, its agents, its employees, instructors and representatives from all claims, demands or claims for relief which may arise from or relate to any and all injury from participation in dance at the Abigail Francisco School of Classical Ballet, LLC. This shall include, but not be limited to, any and all activities in the dance school, directly or indirectly around the dance school, or in any other place so designated by the Abigail Francisco School of Classical Ballet, LLC including performances and other activities. Further, I understand that in the instruction of dance and in particular, ballet, the touching of the student by the instructor may occasionally occur. This touching will occur only in assisting the student in the proper alignment and execution of dance steps. I hereby authorize the dance instructors to so touch myself or my child in an APPROPRIATE fashion, in order to assist myself or my child.

I understand that video cameras are installed in the studio to ensure the safety and well being of myself and/or my child. The information contained on these tapes will be secure and accessible by authorized personnel only.

I have read this document and fully agree and understand that it is a release of all claims. In an emergency situation, I hereby grant permission for a staff member at the Abigail Francisco School of Classical Ballet, LLC, to seek emergency medical treatment for my child or myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date