

# *Vineyard Ballet Academy*

## Minor Student Registration Form

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Dancer's Name (Last, First) Birthdate (mm/dd/yyyy)

\_\_\_\_\_  
Address (Street, City, ZIP)

\_\_\_\_\_  
Please list if any allergies (or N/A)

\_\_\_\_\_  
Name of Parent/Guardian Relationship to dancer

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Name of Parent/Guardian Relationship to dancer

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Email address

My signature below certifies that the above information is accurate and I will notify Vineyard Ballet Academy should any of the above information change within a week of the change.

\_\_\_\_\_  
Signature Date

### Consent for Publication & Release of Information for Marketing and/or Advertising Purposes

I hereby authorize Vineyard Ballet Academy to use, reproduce and/or publish photographs and/or videos of my child without any compensation. I understand that this material may be used in various publications, public affairs releases, and recruitment materials. This material may also appear on the studio website, social media/networking websites, and/or studio videos. I understand and agree that once information is released or published, Vineyard Ballet Academy will not be able to control nor limit the extent of its publication, exposure, republication, use or redistribution. This authorization is continuous and may only be withdrawn by my written rescission of this authorization. I understand that if I rescind this consent the rescission will not apply to marketing and advertising information already disclosed to the public. I further state that I consent freely and willingly to the above stated terms.

\_\_\_\_\_  
Signature Date

# Vineyard Ballet Academy

## Authorization and Consent for Emergency Medical/Dental Treatment

California Civil Code, Section 25.8 expressly provides that a parent may authorize an adult into whose custody a child is entrusted to consent, if necessary, to medical and dental treatment:

Either parent, or a guardian having legal custody of a minor, may give written authorization for an adult into whose care the minor has been entrusted to consent to X-ray examinations, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care to be rendered to said minor under the general or special supervision and advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, or to X-ray examinations, anesthesia, dental and/or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

### Authorization

In accordance with the provisions of Section 25.8 of the California Civil Code, I hereby authorize the adult Vineyard Ballet Academy Staff Member, or in her/his absence or disability, any adult accompanying or assisting her/him, to consent to the aforementioned medical treatment for my child(ren), \_\_\_\_\_, in the event of injury or illness while the child(ren) is(are) in the care of the above named facility or person(s). I understand and agree that I am financially responsible for any service or treatment so procured. I also hereby certify that my child is in good health and is able to participate in all activities of Vineyard Ballet Academy. Should an accident occur to my child, I hereby release all responsibility from Vineyard Ballet Academy. I understand that it is my responsibility to keep the information on this form updated (including health history and parent/guardian status).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**EMERGENCY CONTACT INFORMATION** (Please print clearly)

\_\_\_\_\_  
Name of Parent(s)/Guardian(s)

\_\_\_\_\_  
Relationship to Youth Identified Above

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

(\_\_\_\_\_) \_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Child's Physician

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Medical Insurance and ID #

\_\_\_\_\_  
Child's Dentist

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Dental Insurance and ID#

# *Vineyard Ballet Academy*

## **Release of Liability, Promise Not to Sue and Assumption of Risk**

*(Read carefully before signing)*

In consideration for being allowed to participate in any way in Vineyard Ballet Academy's dance program, the parent(s) and/or legal guardian(s) of the minor participant named below release from all liability and promise not to sue Vineyard Ballet Academy and their owners, directors, staff and volunteers (collectively "Vineyard Ballet Academy") from any and all claims, including claims of Vineyard Ballet Academy's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss suffered due to participation in this dance program.

In addition, the parent(s) and/or legal guardian(s) of the minor participant named below will instruct the minor participant that prior to participating in any dance activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be unsafe, I will immediately take all precautions to avoid the unsafe area and refuse to participate further.

I/We fully understand and acknowledge that there are risks and dangers associated with participation in dance events and activities which could result in bodily injury partial and/or total disability, paralysis and death; social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe; these risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, Vineyard Ballet Academy; there may be other risks not known to us or are not reasonably foreseeable at this time.

I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of Vineyard Ballet Academy.

I/We hereby acknowledge that the activities of the event(s) are very dangerous and involve the risk of serious injury and/or death and/or property damage. Each of the undersigned also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of Vineyard Ballet Academy.

Each of the undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of California and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

On behalf of the participant and individual, the undersigned parent(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against Vineyard Ballet Academy, the parent(s) and/or legal guardian(s) will reimburse Vineyard Ballet Academy for any money which they have paid to the participant, or on his behalf, and hold them harmless.

**I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

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Signature of Parent/Guardian Date

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Printed Name of Parent/Guardian Relationship to participant

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Printed Name of Participant

# *Vineyard Ballet Academy*

## Polices Form

I understand and agree that:

- My dancer's spot in a class will not be held until all forms, registration fee and first tuition payment are received, and that a dancer who has been dropped due to having an account delinquent for two consecutive weeks or unaccounted absences for three consecutive classes will need to re-register and re-pay the registration fee if he/she chooses to re-join the class and the class has not been closed. \*
- Tuition after the due date and registration fees are not refundable and there will be no prorating for missed classes for any reason including but not limited to discipline for disruptive behavior or inappropriate dress, or a delinquent account. \*\*
- I will make every effort to get my dancer to class on time and he/she will attend class regularly, and understand that a dancer missing three consecutive weeks without prior notice will be dropped from the class. \*\*\*
- Shoes worn outdoors shall not be worn on the dance floor, neither shall dancers apply lotion/body powder before class, and dancers dressed inappropriately (not following dress code) may not be allowed to participate in class.
- Dancers must be respectful of their teachers and classmates and no talking will be allowed in class unless the dancer is called on by the teacher after raising his/her hand.
- Dancers and their family and friends must be respectful of the common areas of the facility and keep noise levels to a minimum so as to not disturb any classes in session. Inappropriate language/behavior is not allowed at Vineyard Ballet Academy or any Vineyard Ballet Academy event.
- Gum and hard candy/cough drops are not allowed in class, and food and drink (besides water in a container that will not spill) are not allowed in the facility.

I have read and agree to adhere to the policies of Vineyard Ballet Academy.

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Signature of Parent/Guardian Date

\* Does not apply to drop-in classes.

\*\* There will be no refunds, prorating or balance carry-over to the next session of punch cards for drop-in classes.

\*\*\* For drop-in classes, regular attendance is not required.