



APPLICATION FOR ADMISSION AND LIABILITY RELEASE

Please fill out both Application and Release Form and return to carolyn@chamberlainschoolofballet.com or mail to Chamberlain School of Ballet

(Please Print)

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Age: ____ Date of Birth: _____

Student's Email (if available): _____ Student Cell Phone: _____

Father's Name: _____ Employer: _____

Cell: _____ E-Mail: _____

Mother's Name: _____ Employer: _____

Cell: _____ E-Mail: _____

Academic School: _____ 2020-21 School Grade: _____

How did you hear about Chamberlain School of Ballet: _____

Current Chamberlain School of Ballet Student: _____ Past Dance School: _____

Number of years of training (if applicable): Ballet _____ Tap _____ Jazz _____ Modern _____

Creative Movement _____ Composition/Choreography _____ Musical Theater Dance _____

Name of person to phone in an emergency if parent or legal guardian cannot be reached:

Phone: (work) _____ (home) _____ (cell) _____

Allergies and Pertinent Medical History: _____

There are NO REFUNDS, CREDITS OR TRANSFERS TO ANOTHER SEMESTER. Once classes have begun tuition is not refundable. Students who miss classes or withdraw before the end of the semester are still obligated for the full semester's tuition.

LIABILITY RELEASE

In consideration of receiving permission to enter the Chamberlain School of Ballet (the School), to the fullest extent permitted by law the undersigned Student, or parent or legal guardian of the Student, as applicable, hereby releases, discharges, and forever acquits and holds harmless the School and its agents, officers, directors, servants, and employees of and from any and all demands, claims, liability, actions, causes of action, and damages, whatsoever, arising out of or related to any loss, damage, or injury, including death, (all collectively called "Claims"), that may be sustained by the undersigned while a participant of classes, instruction, or performance, and all related activities, whether in person at, in, or on the property of the School or a site away from the School at which a School performance is held, or a site where participating in an internet sourced on-line class, or while either participating activities in or being present at the School, including but not limited to, those Claims caused by or resulting from the active or passive negligence, gross negligence, or other fault on the part of the School, its directors, officers, agents, servants, and employees. This release shall be binding upon the undersigned Student, and parents, legal guardians, assigns, heirs, next of kin, executors, and administrators of the Student and may be pled by the school in any claim, demand, action, or cause of action made by or on behalf of the Student. By execution of this release, the undersigned hereby acknowledges and expressly represents that the undersigned (i) is fully aware of the risks inherent upon entering the school; (ii) elects voluntarily to enter, participate in activities or classes, or be present at the school; (iii) is over 18 years of age and of sound mind, or if the Student is younger than 18 years of age, is a parent or legal guardian who is over 18 years of age, and of sound mind, has read the foregoing release, understands it, and signs it voluntarily.

Please circle all dance disciplines you want:

Ballet

Jazz

Tap

The student and parent or legal guardian are familiar with and agree to terms of the School's policies and regulations:

Signature of Student (or printed name if under age 18)

Date

Signature of Parent or Legal Guardian

Date

Any questions, please call 972-679-4740.

If you want your credit card to be automatically deducted for all fees and tuition, please fill out the following form.

AUTO CHARGE FOR ALL FEES AND TUITION

Tuition will be automatically charged on the first of each month and all fees will be charge on the date due.

Type of card: _____ Card number: _____

Expiration Date: _____ Security Code: _____

Name on card: _____ Signature: _____

Address where card is billed to: _____

Phone number: _____