



# Ballet Arts Centre

## Young Dancer Workshop 2025

### Ages 6-9

#### Registration Form

Dancer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First*

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
*Last First*

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

*City State ZIP Code*

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any previous dance experience? YES  # of Years \_\_\_\_\_ NO  Do you have any allergies or health issues? YES  NO

If yes, explain? \_\_\_\_\_

The BAC Young Dancer Workshop will run July 14th - 25th, Monday, Wednesday, & Friday afternoons from 4:00pm - 6:00pm. Tuition is \$200 for both weeks and is non-refundable. The attire for the workshop is solid-colored leotard and pink tights for ballet. Bike shorts, jazz pants, or form fitting simple cover ups are acceptable over tights for classes other than ballet. Dancers will need ballet shoes and jazz shoes. Contemporary will be taken in bare feet so convertible tights are necessary. Hair needs to be secured in a bun. There is no formal classroom observation space in our studio. Parents will be invited in to see what your dancer has learned during the last 15-20 minutes of class on July 25<sup>th</sup>.

- My child has my permission to attend the BAC Young Dancer Workshop
- I have completed and signed the medical information and liability release form.
- I have enclosed my tuition payment of \$\_\_\_\_\_ to reserve my spot.

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

**BALLET ARTS CENTRE  
MEDICAL INFORMATION AND LIABILITY RELEASE FORM**

DANCER'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

PARENT CONTACT INFORMATION:

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Contact Information

\_\_\_\_\_  
Mother's Contact Information

Emergency contact when neither parent can be reached: \_\_\_\_\_

Please list any allergies, medications or health issues: \_\_\_\_\_

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH BALLET ARTS CENTRE OF JAX, INC. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, illness (Covid-19), disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Ballet Arts Centre of Jax, Inc. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. Including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I hereby consent to receive and pay for medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

We, the undersigned, and parent(s) of \_\_\_\_\_, certify that we have read this document and fully understand the content. Additionally, we have read, understand, and agree to follow the current Ballet Arts Centre policies and procedures. We are aware this is a release of liability contract, we are signing it on our own free will.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date