

  
**GALVESTON BALLET**  
**STUDENT REGISTRATION FORM**

**Assigned Class Level:** \_\_\_\_\_

Please CHECK box that applies: ☐ YOUTH Student ☐ ADULT Student

Please CHECK box that applies: ☐ In-Studio Program ☐ Virtual Program

Please CHECK semester: ☐ FALL ☐ SPRING ☐ SUMMER

**Please return completed registration form with your non-refundable \$25 registration fee to:**

PO Box 594, Galveston, TX 77553 or personally return to studio located at 2301 Market Street, Galveston, TX 77550

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_\_ Age as of September 1<sup>st</sup> of current year: \_\_\_\_\_ ☐ Male ☐ Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ e-mail (if acceptable method of communication) \_\_\_\_\_

Academic School: \_\_\_\_\_ Grade: \_\_\_\_\_

Occupation (for Adult Students): \_\_\_\_\_

Parent or Primary Contact's Name: \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Other Parent or Guardian's Name (if applicable): \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of primary billing contact (if different from above): \_\_\_\_\_

Address of primary billing contact: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY INFORMATION (PLEASE DO NOT LEAVE BLANK)**

Emergency Contact (Other than Parent/Guardian): \_\_\_\_\_ Relation to Student \_\_\_\_\_

Home Phone of Emergency Contact: (\_\_\_\_) \_\_\_\_\_ Cell#: (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Known medical conditions, allergies or special needs: \_\_\_\_\_

I understand that in case of an accident, the staff will try to reach the emergency contact listed above, and if they are unavailable, they have my permission to contact the above family physician or transport myself or my child to the UTMB emergency room.

**X** \_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

(Continued on next page) PLEASE TURN OVER & COMPLETE ➔

**PLEASE INITIAL THE FOLLOWING STATEMENTS AND SIGN THE BOTTOM OF THIS PAGE**

**Billing:**

Tuition payment may be made by the semester for a 10% discount or by monthly installments. Galveston Ballet is a non-profit organization and operates on a tight budget. Tuition is due on the 1<sup>st</sup> day of each month for In-Studio members, and on the 25<sup>th</sup> of the month prior for Virtual members. **A late fee of \$15 will be assessed to In-Studio members if no tuition payment is received by the 10<sup>th</sup> of the month. Virtual tuition must be paid through our online portal only. Late Virtual tuition fees may result in missed non-refundable ZOOM sessions.** If a student's tuition payment is not received by the end of the month in which it is due, the student will be suspended from class until the tuition is paid. Galveston Ballet charges \$30 for any returned check plus any additional bank fees. **Initial:**\_\_\_\_\_

**Performances:**

A performance fee is required from students who participate in Community Events and/or performances. The performance fee helps to defray the cost of venues, scenery, backdrops, costumes, props, etc. Students who do not wish to participate in the performances should notify their instructor upon enrollment since it is necessary to use a portion of class time to learn choreography prior to performances. Virtually enrolled students are not eligible to perform. **Initial:**\_\_\_\_\_

**Fundraising:**

Tuition covers approximately one third of our operating expenses. The balance is funded by a combination of grants, donations, ticket sales, cruise raffle, and proceeds of annual fundraisers. As a cooperative organization, all Galveston Ballet families are expected to participate in our fundraising efforts. **Initial:**\_\_\_\_\_

**Arrival and pick up times (for In-Studio Members ONLY):**

No student should arrive earlier than fifteen minutes before their class time. Please be on time for class and make necessary arrangements to leave on time at the end of class. For their safety, no minor student will be allowed to wait outside the building. **Initial:**\_\_\_\_\_

**Class Absence:**

Attendance is required for all classes. In the event a student must miss a class, please notify the instructor by sending an email to [Galveston Ballet@att.net](mailto:GalvestonBallet@att.net) with your dancer's name, level and reason for missing. Any absence with no prior notice given to the instructor will be considered unexcused. **Initial:**\_\_\_\_\_

**Publicity:**

I hereby authorize Galveston Ballet, Inc. to use photographs, slides, or a video of my child,  
\_\_\_\_\_ for publicity or advertising, including brochures and programs. **Initial:**\_\_\_\_\_

**X**

Parent/Legal Guardian or Adult Student's Signature

\_\_\_\_\_ Date

I, \_\_\_\_\_ parent/legal guardian of \_\_\_\_\_,  
**being over the age of eighteen and of sound mind do declare the following:**

I wish to enroll myself/my child in the Galveston Ballet's program knowing it involves strenuous activity. I have acknowledged and signed the COVID-19 Health and Safety agreement and Liability Waivers for the 2020-2021 season. I am/my child is in good health with no known medical conditions, and a physician has certified that I/my child would not be harmed by participating in this program. In consideration of my/my child's acceptance into this program, I hereby for myself, my heirs, executors, administrators, and assignees, waive and release any and all rights and claims for damages which may hereafter accrue to me or my child or which I may have against Galveston Ballet, Inc. and any of its agents, representatives, successors, and assignees for any and all injuries, loss or damage suffered by me/my child during the course of, or in any way connected to the above noted program. I declare under penalty of perjury that the foregoing is true and correct.

**X**

Parent/Legal Guardian or Adult Student's Signature

\_\_\_\_\_ Date