CHAMPAIGN
BALLET
ACADEMY

www.champaignballet.com
champaignballetacademy@gmail.com

2022 FALL REGISTRATION: ADULT BALLET

AUGUST 22 THROUGH DECEMBER 17 (NO CLASS 9.5.22, 11.23.22-12.6.22)

Name_____ Date of Birth_____
Address_____City_____Zip_____
Phone_____ Email_____

ADULT BALLET **WED 7:00-8:30pm** **_____$ 270 FULL SEMESTER**

_____$ 20 PER DROP IN CLASS

Attire: Comfortable clothing, Ballet slippers recommended (canvas, split toe)

Payment method: Cash or check

PLEASE READ THIS FORM CAREFULLY. BE AWARE IN REGISTERING YOURSELF OR YOUR MINOR CHILD/WARD FOR PARTICIPATION IN BALLET/DANCE/MOVEMENT CLASSES THAT YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU OR YOUR MINOR CHILD/WARD MIGHT SUSTAIN ARISING FROM PARTICIPATION .

CHAMPAIGN BALLET ACADEMY WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT

I recognize and acknowledge that there are certain risks of physical injury to participants in ballet/dance/movement and I agree to assume full risk of injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with ballet/dance/movement. I agree to waive and relinquish all claims I or my minor child/ ward may have against Champaign Ballet Academy and its owners, agents, employees, and instructors as a result of participating in ballet/dance/movement classes.

I recognize and acknowledge that it is my responsibility to provide prompt pickup for my child/ward after ballet/dance/movement classes. I recognize and acknowledge that Champaign Ballet Academy or its agents will not be responsible for monitoring my child/ward's activities after ballet/dance/movement classes. I further agree to indemnify and hold harmless and defend Champaign Ballet Academy and its owners, agents, employees, and instructors from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with ballet/dance/movement classes.

In the event of an emergency, I authorize Champaign Ballet Academy or its agents to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of all hospital and medical charges incurred. I recognize and acknowledge that Champaign Ballet Academy or its agents will not be responsible for honoring specific hospital or healthcare provider preferences. I further authorize Champaign Ballet Academy and its agents to use my/my child's image (photo, video, audio) for use in advertising and promotional material.

I have read and fully understand the above Waiver and Release of All Claims and Permission to Secure Treatment.

USE OF NAMES AND IMAGES

Dancers, and their parents/guardians, agree to allow their names and images (photographs, video and likeness) to be used and distributed to private and/or public organizations (including media) for use in promoting Champaign Ballet Academy,

READ & SIGN_____**DATE**_____

SEND YOUR COMPLETED FORM AND A CHECK PAYABLE TO:

CHAMPAIGN BALLET ACADEMY
2810 WEST CLARK RD
CHAMPAIGN, IL 61822

FORMS MAY ALSO BE EMAILED TO: CHAMPAIGNBALLETACADEMY@GMAIL.COM