



2022-2023 Student Registration Form

Student Information

Date: _____ Student Name: _____

DOB: _____ Address: _____

City/State: _____ Zip: _____ Home Phone: _____

Student Email Address (If applicable): _____

Academic School: _____ Grade for 22/23: _____

Current and/or Prior Ballet (Dance) Schools: _____

How did you hear about The Sarasota Cuban Ballet School? _____

Parent/Guardian Information

Father's Name: _____ Cell #: _____

Father's Work Phone: _____ Father's Email: _____

Address: _____ City/State: _____ Zip: _____

Mother's Name: _____ Cell #: _____

Mother's Work Phone: _____ Mother's Email: _____

Address: _____ City/State: _____ Zip: _____

Student lives with: Mother _____ Father _____ Both _____

Tuition Contract

Tuition is based on hours of instruction, **not days danced per week or holidays involved**. You may elect to pay tuition annually with one payment to receive a 10% tuition discount. You may pay in three equal payments to receive a 5% tuition discount (Auto Pay required.) Please provide credit card and signature below - note that the credit card information is **mandatory**. **If you are more than 2 weeks late with a payment, the credit card you have provided will automatically be charged with your tuition due.**

If choosing the three-payment option, your payment due dates will be on the following dates: First Payment, August 15, 2022; Second Payment, December 1, 2022; and Third Payment, March 1, 2022.

You may also pay Monthly. Payments will be deducted starting August 15, 2022, through May 15, 2022 (Auto Pay required.)

Registration fee (\$65 Individual/\$85 Family – this includes one school leotard or shirt per registered student), performance/costume fees, master classes, auditions, private classes, etc. are billed separately, non-refundable, and due upon receipt.

It may occasionally be necessary for the Sarasota Cuban Ballet School to cancel scheduled classes due to inclement weather, teacher illness/inability to fund adequate substitute and/or performance scheduled conflicts. We will give notice of any cancellations as far in advance as possible. Cancelled classes maybe rescheduled if another class of same level/type is not available. If the same class level is available on another day, students should make up the missed class in a timely fashion. Tuition will not be pro-rated for student absences. Students will be allowed to make up classes missed due to excused absences by taking class with level below theirs. Excused absences include illness, mandatory school events or testing and must be approved by the Directors upon notification. Tuition is non-refundable, no exceptions. Unpaid tuition bills will be forwarded to a collection agency. **Please note: By entering this contract, you are committing to the entire 2022-2023 session inclusive of tuition payments, classes, rehearsals, and performance participation. This includes if your student has unexpected absences or breaks in their training.**

Mandatory Credit Card Information

Name on Credit Card _____ Expiration Date _____
Billing Address _____ Billing Zip Code _____
Credit Card Number _____ CVV/Security Code _____
Class/Level enrolling in: _____

Payment Option #1: One Annual Tuition Payment in full in the amount of \$ _____ (**10% Tuition discount applies**).

Payment Option #2: Total Yearly Tuition: _____, with **Three** Tuition Payments in the amount of \$ _____ each. Payments due and charged to credit card listed above on the following dates: (**5% Tuition discount applies-Auto Pay required**).

- August 15, 2022
- December 1, 2022
- March 1, 2023

Payment Option #3: Total Yearly Tuition: _____, with **Ten** Monthly Tuition Payments due and charged to credit card listed above from August 16th through May 15th, 2022, as follows: (**No Tuition discount applies-Auto Pay required**.)

1. August 15, 2022
2. September 15, 2022
3. October 15, 2022
4. November 15, 2022
5. December 15, 2022
6. January 15, 2023
7. February 15, 2023
8. March 15, 2023
9. April 15, 2023
10. May 15, 2023

Payment Option #4: Month to Month Tuition _____ please see payment chart on page 8.

Level Placement/Casting Policy Agreement

Level Placement will be determined by strength, technical knowledge, commitment, and ability and is at the sole discretion of the Directors. Casting for variations or roles is carefully decided based upon numerous factors and is, again at the sole discretion of the Directors. Complaints or comments regarding the placement of your student or other students is not acceptable and will adversely affect enrollment at The Sarasota Cuban Ballet School.

TERMS AND CONDITIONS OF TUITION CONTRACT AND LEVEL PLACEMENT/CASTING POLICY ARE HEREBY ACKNOWLEDGED AND AGREED TO:

By: _____
Parent/Guardian Signature

Date: _____

Student Medical Information

Please list any allergies to foods OR medications: _____

Please list any medications taken regularly, their purpose and dosage taken: _____

Are there any physical or mental health concerns that may affect the student's participation in our programs?: _____

Is there any history of prior physical injury? ___Yes ___No if yes, explain: _____

Please circle one: I do/do not give my permission staff members of The Sarasota Cuban Ballet to Administer over-the-counter Medication (such as Ibuprofen) as needed to my child. Please initial _____

Medical Release in Case of Emergency

Emergency Contact Person: _____ Day Phone: _____

Cell Phone: _____ Evening Phone: _____

Relationship to Student: _____

I will be contacted first in the event of a medical emergency. If I cannot be reached, my emergency contact person will be notified. If my emergency contact person or I cannot be reached, I hereby authorize The Sarasota Cuban Ballet School or its appointed representatives to sign for medical care. I hereby give permission for my child to be treated by an emergency medical technician or other medical professional as deemed necessary by The Sarasota Cuban Ballet School. In the event of a non-emergency medical situation, The Sarasota Cuban Ballet School may recommend a medical professional for care. The decision whether to consult a medical professional for non-emergency care will be my decision.

Parent/Guardian Signature: _____ Date: _____

Liability Waiver

I understand that The Sarasota Cuban Ballet School is not responsible for any injuries sustained at any time and/or at any location while participating in any dance or gymnastics class, workshop, rehearsal, or performance (collectively referred to Sarasota Cuban Ballet School "Dance Activities") whether on the premises of the Sarasota Cuban Ballet School or at another venue while performing, engaged in, or traveling to or from a Sarasota Cuban Ballet School Dance Activity. I recognize that my child's participation may expose him/her to the risk of injury. I accept this risk and hereby agree to release, indemnify, defend and hold harmless the Sarasota Cuban Ballet School, its owners, officers, directors, agents, administrators, volunteers, assistants, employees, guest artist, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, illness, or death, or property which may arise out of or in connection with participation in any Dance Activities conducted by the Sarasota Cuban Ballet School whether or not due to the negligence of the owners, officers, directors, agents, administrators, volunteers, assistants, employees, guest artist, faculty members, and/or students. I certify that I am the parent or legal guardian and have the right to waive these rights. I certify that my child is in good health and capable of participating in all the activities and classes. I understand that dance instruction involves kinetic corrections to the body that may involve physically touching the student as a part of regular class work and rehearsals.

Parent/Guardian Signature: _____ Date: _____

Media Release

We believe that our students, staff, and school benefit from positive recognition and there may be occasional media coverage that involves our students. We ask permission to release pictures and/or other communication to the media on occasion. This may include but is not limited to newspapers, magazines, news station coverage, newsletters, all social media platforms, and our website. By your signature, hereto you authorize The Sarasota Cuban Ballet School to use your child's likeness. The Sarasota Cuban Ballet School has my permission to take photos, videos, and/or films of me, my son or daughter and consent to use such materials for promotional purposes by The Sarasota Cuban Ballet School.

Parent/Guardian Signature: _____ Date: _____

Refund Policy and Class Cancellations

It may occasionally be necessary for The Sarasota Cuban Ballet School to cancel scheduled classes due to inclement weather, teacher illness/inability to find an adequate substitute, and/or performance schedule conflicts. We will give notice of any cancellations as far in advance as possible. Cancelled classes may be rescheduled if another class of the same level/type is not available. If the same class level is available on another day, students should make up the missed class in a timely fashion. Tuition will not be pro-rated for student absences. Student will be allowed to make up classes missed due to excused absences by taking class with level below theirs. Excused absences include illness, mandatory school events or testing, **and must be approved by director upon notification**. Tuition is non-refundable, no exceptions.

Once a student is enrolled, tuition is due and payable on the dates stated above by Auto Pay with Credit Card on file. If for any reason we are not able to debit your payment in a timely manner or a payment is declined, we will contact you to get new payment information. If at any other time during the school year we are not able to debit payment, we will assess a \$20-dollar late charge and a returned payment fee of \$35. The parent or guardian will no longer have the benefit of using Auto Pay and will have to bring cash or money order to the school no later than the 18th of each month until the end of the school year.

Parent/Guardian Signature: _____ Date: _____

Adding/Dropping Classes

Students wishing to make any schedule changes must do so by filling out a schedule change form. This is to ensure proper tuition disbursement. Students wishing to completely withdraw from The Sarasota Cuban Ballet School must schedule a meeting with the directors. Tuition is for the entire year and is due and payable whether the student continues at the school or withdraws. Teachers are contracted and schedules are set for the year based upon student enrollment. This prevents extreme fluctuations in class enrollment mid-year. Unpaid tuition bills will be forwarded to a collection's agency.

Parent/Guardian Signature: _____ Date: _____

Sign here if you have read and understand the rules in the 2022 – 2023 Handbook and Registration Form

Parent/ Guardian Signature: _____ **Date:** _____



BALLET UNIFORM ORDER FORM

Ballet leotard/shirt and shorts uniforms are required every day for **all** levels for **all** students. Please complete this order form with the quantity desired along with sizes. Cost per leotard/shirt/shorts is based on quantity. Please include payment when placing your order.

Students' First & Last Name(s) _____

Leotard Child (in inches)

	BUST	WAIST	HIPS	GIRTH
B	19 - 20	18 - 19	19 - 20	35 - 37
C	20 - 21	18 - 20	21 - 22	37 - 39
D	22 - 24	20 - 21	23 - 25	40 - 43
E	25 - 27	21 - 23	26 - 28	44 - 48
F	26 - 29	23 - 25	29 - 31	49 - 52

Leotard Adult (in inches)

	BUST	WAIST	HIPS	GIRTH
PS/ Petite	30 - 32	23 - 25	31 - 34	51 - 54
S/ Small	30 - 33	23 - 26	33 - 35	54 - 57
M/ Medium	34 - 37	25 - 28	35 - 38	57 - 60
L/ Large	37 - 41	28 - 32	38 - 42	61 - 64
XL	41 - 43	32 - 35	42 - 45	64 - 67

B _____ **C** _____ **D** _____ **E** _____ **F** _____

PS _____ **S** _____ **M** _____ **L** _____ **XL** _____



Boy's Sizes (in inches)

	C	D	E	F
Height	42-47	47-51	51-55	55-59
Chest	23-25	25-27	27-29	29-31
Waist	22-23	23-24	24-25	25-26
Seat	24-25	26-27	27-29	29-31

Men's Sizes (in inches)

	PS	S	M	L	XL
Chest	31-33	34-37	38-40	41-42	43-44
Waist	26-28	28-30	30-32	32-34	34-36
Seat	31-34	35-37	38-39	40-41	42-43

C _____ D _____ E _____ F _____

PS _____ S _____ M _____ L _____ XL _____

Cash _____ Check _____ Visa _____ MC _____ Amex _____ Disc _____

Credit Card Number _____

Exp Date _____ CVV _____

Cost per leotard

1 pc	\$36.00
2 pcs	\$34.00
3 pcs	\$32.00
4 pcs	\$30.00
5 pcs	\$28.00
6 or more	\$26.00

Cost per shirt

1 pc	\$30.00
2 pcs	\$29.00
3 pcs	\$28.00
4 pcs	\$27.00
5 pcs	\$26.00
6 or more	\$25.00

Cost per shorts

1 pc	\$26.00
2 pcs	\$25.00
3 pcs	\$24.00
4 pcs	\$23.00
5 pcs	\$22.00
6 or more	\$21.00

