



Infinity Ballet Conservatory

3462 Apex Peakway
Apex, NC 27502
Phone: 919-303-1105
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Website: www.infinityballet.com

SUMMER REGISTRATION

STUDENT'S LAST NAME _____

FIRST NAME _____

DOB _____ AGE _____ GRADE _____ MALE or FEMALE

NEW: YES or NO Prior enrollment year: _____

OTHER FAMILY MEMBERS ENROLLED: _____

STUDENT INFORMATION

PARENTS/GUARDIAN'S _____

STREET ADDRESS (PRIMARY RESIDENCE) _____ CITY _____ ZIP CODE _____

(____) _____ (____) _____
PHONE (HOME) ALTERNATE PHONE EMAIL ADDRESS

SCHOOL _____ TRADITIONAL or YEAR-ROUND TRACK _____

PREVIOUS DANCE EXPERIENCE: _____

MEDICAL ISSUES: _____ MEDICATIONS: _____

STATISTICAL INFORMATION (OPTIONAL): Because our partner organization of Infinity Ballet Theatre is a non-profit organization, it is helpful for us to have the following information for grant writing purposes. Your help is appreciated.

Number in your family: _____

Race/Ethnicity: American Indian/Alaska Native Hispanic or Latino Asian Other (Please Specify Below):
Native Hawaiian/Other Pacific Islander African American/Black Caucasian

RESPONSIBLE PARTY FOR BILLING:

LAST NAME _____ FIRST _____ RELATION _____

BILLING ADDRESS _____

(____) _____
BEST PHONE CONTACT NUMBER BEST EMAIL ADDRESS

Please help us best serve the community by telling us how you heard about Infinity Ballet Conservatory:

Internet (Name Site): _____ Referral (Name Person): _____

Publication (Name): _____ Other (please specify): _____

WEEKLY CLASS SCHEDULE

MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	FRIDAYS	SATURDAYS

CAMPS/INTENSIVE Weeks: _____

PLEASE READ AND SIGN FOR ACKNOWLEDGEMENT OF THE FOLLOWING:

ATTENDANCE POLICY: Students must sign in at the front desk when attending ANY activity at the studio. We check attendance for every class daily and keep record of your child's participation in their classes. Consistent attendance is imperative so that your student is able to learn at the appropriate pace. If your student has low attendance in some of their classes, we reserve the right to change their placement if necessary to ensure their safety and proper progression in their dance education.

MAKE-UP POLICY: Make ups are allowed for currently registered students. They must be scheduled in advance with our front desk receptionist and must be taken during the current 10 weeks in which the class was missed. Students will need to make every effort to make up classes in the same genre of dance they missed. For example, ballet lessons should not be made up with jazz or tap classes. We work hard to ensure proper training for your students and have helped you plan a schedule of consistent training that requires a certain number of lessons in various genres weekly to ensure the students safety, progression and advancement in our program and as a dancer. Students **MUST ALWAYS NOTIFY** the receptionist when they come in for a make up class so that we may keep accurate records of attendance.

I understand and agree to the following: I understand that this registration & waiver form is required for all students to trial and to register. A new and updated registration is required during each new season. It is non-transferable and non-refundable. I understand that, upon registration, an annual \$40 registration fee is due per student. This registration fee will be due on the student's anniversary date annually for the first 5 (consecutive) years of their participation with Infinity Ballet. I understand that the tuition payment for Infinity Ballet Conservatory (IBC) is to be paid on the date of registration and on the due dates thereafter, one week prior to the beginning of each quarter. Late payment fees will apply after this date. Payment is to be made to Infinity Ballet. Infinity Ballet reserves the right to determine some refunds as justifiable based on issues of serious illness when a doctor's statement is presented or other major disasters or extreme family hardships. In the absence of the above mentioned, **tuition payments are non refundable.** Make-ups are available for illness, injury and inclement weather during other class times, but should be based on prior approval of the instructor. I understand that **IBC does NOT follow the Wake County School Schedule.** Check the calendar for scheduled closing dates as they will not necessarily coincide with closing dates at your child's school. With regard to inclement weather, we will leave a message on our machine for closings/delays. I agree to notify Infinity Ballet Directors of any medical condition or medical changes that may occur and/or medications prescribed during the time the student is participating in dance lessons or activities with Infinity Ballet. I agree to notify Infinity Ballet Directors if I give permission for the student to leave or car pool with someone other than the parents/guardians indicated on the registration form. The undersigned student, parent's and or guardian of the student hereby release and waive any and all claims against Infinity Ballet owners, directors, teachers and or employees for any liability for injuries, including personal and bodily injury, to the person or persons related to student or the damage of property of the person or persons related to student which may occur while participating in the activities, activities sponsored by, or in or surrounding the physical building of Infinity Ballet Conservatory unless said injures or damage is caused by the negligence of Infinity Ballet or any of its employees. The undersigned represents that the student is in good health and does not have any history of a medical or physical condition (unless specified in registration form) that would place the student at risk because of his/her condition. The undersigned further acknowledges that the student's instruction involves physical exercise and physical stress which could result in physical injury of the student. I hereby give permission for images of my child, captured by infinity Ballet photographers and videographers during rehearsals, performances, classroom lessons and programs to be used solely for the purposes of Infinity Ballet material and publications, and waive any rights of compensation or ownership thereto.

SIGNATURE REQUIRED BELOW FOR CLASS PARTICIPATION:	
Parent /Guardian (Student if over age 18) Signature _____	Date _____

ACCOUNT INFORMATION - FOR OFFICE USE ONLY

\$40 Registration	Date Registered	Total Weeks Including Camps/Intensives	Discount	Summer Camps and/or Intensive Weeks	Hours of Lessons/Week	Coupon

Annual Registration Due: _____ *(Please note if past 5 years and student has been grandfathered in.)*

Invoiced CAMPS	_____ wks	DATE _____	Total Pd _____	Split _____	Pymt Method _____
		DATE _____	Total Pd _____	Split _____	Pymt Method _____
Invoiced SUMMER	_____ wks	Late Fee _____	Total Pd _____	Split _____	Pymt Method _____
		DATE _____	Total Pd _____	Split _____	Pymt Method _____
Payment Agreement (Notes):					

Infinity Ballet Theatre, our partner organization, is a non-profit organization committed to building theatrical arts in the community by offering high quality dance instruction with performance opportunities for young dancers to express themselves and grow as artists