

Jessica Pyatt Martin, Executive Director

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Mailing Address: P.O. Box 150 • Lexington, VA 24450 Physical Address: 126 Walker Street • Lexington, VA 24450

REGISTRATION FORM

Parent 2 name:	Dancer's name:	Birth date: Age:
(* at least one email address is required) Parent 2 email:	Dancer's email address (if applicable)	Dancer's cell:
*Parent 1 email:	Parent l name:	Parent 1 cell:
*Parent 1 email:	Parent 2 name:	Parent 2 cell:
Mailing address:		
NoYes:	(* at least one email address is required) Parent 2 em	ail:
NoYes:	Mailing address:	
I will be responsible for tuition payments until notification of withdrawal. I understand a 30-day written notice must be given to TheStudio in the form of a letter to the Director in the case of dropping a class, or not continuing the training period. Payments made in installments are due on the 1st of the month regardless of any absences. After the 10th of the month a \$15 late fee will be applied to the account. I understand that there will be a \$30 service fee charged on all returned checks. I understand there will be no deductions for classes not attended. Make-up classes can be arranged through the Director/Teacher. I have read and agree to the 2024-2025 Payment Policies and Procedures. Signed: (Parent/ Legal Guardian/ Adult Student/Payor) Date PHOTOGRAPHIC RELEASE: I give permission for photographs of my child in dance class or performance to be used in promotional material for The Rockbridge Ballet and TheStudio in both web and print publications. Signed: (Parent/ Legal Guardian/ Adult Student) Date: Or please check here if you do not wish for your child to be photographed. RELEASE FROM LIABILITY: I, the undersigned adult student or parent/ guardian of, a minor, recognizing that classes involving physical activity may result in personal injury, do hereby release, discharge, and agree to hold harmless and safe from any and all liabilities The Rockbridge Ballet, and TheStudio its officers, agents, employees, and independent contractors from any and all claims, demands, rights, actions and clauses of actions arising out of the activities of said business, specifically including, dance, gymnastics, and related classes, practices, and performances, on account of or in any way arising out of any and all known and unknown personal injuries and property damage, including consequential damages, which I may now or hereinafter have as the parent / guardian of this said minor on his/her own behalf.	,	
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CLASSES registering for (class, day, time, level):	
2024-2025 TUITION	

Pricing	9-Pay (Monthly Sept-May)	<u>Year</u>
First Steps	\$55	\$495
1st Class	\$63	\$567
2nd Class	\$137	\$1,233
3rd Class	\$203	\$1,827
4th Class	\$270	\$2,430
5th Class	\$336	\$3,024
6th Class	\$357	\$3,213
Unlimited	\$369	\$3,321

Class tuition may be paid in one of three forms: cash, check, or credit card (Visa, MasterCard, or Discover). Payments of cash may be given directly to the Director or Office Manager in TheStudio lobby by the first of each month so that a receipt might be provided. Checks may be mailed to The Rockbridge Ballet at P.O. Box 150 Lexington, VA 24450 or dropped in the black secure mailbox in TheStudio lobby by the first of each month. Credit card payments may be set up for automatic monthly posting at the time of registration by Joanna Smith, Office Manager. Credit Card Payments for tuition fees have a 3% processing fee added to offset the cost of the merchant fees charged to The Rockbridge Ballet.

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Total number of classes:	
-5% Deductions for additional siblings (equal or lesser) \$
Please include a \$35 registration fee penot applied to tuition fees.	er dancer or \$45 per family. This fee is non-refundable and is Registration Fee: \$
annual: 2 equal payments at the beginn	ll at the time of registration (no later than Sept. 1) -5%; semi- ing of each semester (Sept. and Dec.) or 9-Pay: 9 monthly equal ad ending in May. If you would like to request a payment plan, t rockbridgeballet@gmail.com.
I wish to have my credit card chamonth. I have attached a completed Cred	arged automatically when payment is due on the 1st of the dit Card Authorization Form.