

# Wisconsin Ballet Academy

Student Registration Form

Season: Fall Session 1

14 October to 04 November 2021

4-Week Session

## Student Information

Student's Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Phone (2): \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Will your child require any special medical attention during a normal class: Yes No

If yes - Explain: \_\_\_\_\_

## Legal Release and Policy Acceptance (please initial and sign)

\_\_\_ I/we read, understand & signed the RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

\_\_\_ I/we read & understand COVID-19 Studio Policy

\_\_\_ I/we give media use rights permission (Facebook, WBA website, local paper) name will not be used

\_\_\_\_\_  
Signature Parent or Guardian

\_\_\_\_\_  
Date

## Fall Session I 4-Week Session ~ 14 October to 04 November 2021

Select	Class	Days and Times	Tuition / Length
<input type="checkbox"/>	Creative Moves	Thursdays 4:15 - 4:45 PM	\$25 / 30 minutes
<input type="checkbox"/>	Pre-Ballet & Tap	Thursdays 4:45 - 5:30 PM	\$30 / 45 minutes
<input type="checkbox"/>	Beg. Ballet I - II	Thursdays 5:30- 6:30 PM	\$38 / 60 minutes
<input type="checkbox"/>	Ballet II - III & Pointe	Thursdays 6:30 - 7:45 PM	\$60 / 80 minutes

Please make checks payable to: Wisconsin Ballet Academy

### Tuition

Tuition: \_\_\_\_\_

Dancewear: \_\_\_\_\_

Subtotal: \_\_\_\_\_

Discounts: \_\_\_\_\_

**Total:** \_\_\_\_\_

### Measurements

Waist: \_\_\_\_\_ Girth: \_\_\_\_\_

Leo: \_\_\_\_\_ Tights: \_\_\_\_\_

Ballet Shoe: \_\_\_\_\_ Brand: \_\_\_\_\_ Pointe: \_\_\_\_\_ Brand \_\_\_\_\_

Notes: \_\_\_\_\_

400 East Street | Wilton, WI 54670  
[office.wisconsinballetacademy@gmail.com](mailto:office.wisconsinballetacademy@gmail.com)  
608-633-5425

**Wisconsin Ballet Academy, LLC**  
**RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

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In consideration of participating in instructional **ballet, tap, jazz, modern, yoga, ballroom, creative movement, and dance related activities**; classes, rehearsals, and programs, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the **WISCONSIN BALLET ACADEMY, LLC (WBA)** and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that ballet, other styles of dance, exercise, and dance related activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, musculoskeletal injuries, broken bones, and/or overuse injuries, injuries caused by equipment that breaks or otherwise fails; death as a result of medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

2. I acknowledge participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, I voluntarily assume the risk that my child(ren) and I may be exposed to contagious infectious diseases by attending WBA and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by an infectious disease at WBA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, WBA employees, volunteers, and program participants and their families.

3. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.

4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

6. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.

7. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am hurt, exposed to or infected by a contagious disease(s) or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT**  
**(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (**PRINT MINOR'S NAME**) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

(If notarization is necessary, please sign & stamp this side of form.)

Wisconsin Ballet Academy  
400 East Street, Wilton, WI 54640  
608-633-5425

## **COVID-19 Studio Policy**

The Wisconsin Ballet Academy (WBA) is currently following recommendations from state, local public health authorities, and the Center for Disease Control (CDC).

### **Arrival**

Parents – Please do not bring family members – we have very limited seating available.

- The Community Center is now open, so students and parents may enter the building and proceed to the studio.
- No food will be allowed in the studio except bottled water.
- Masks are required to be worn by students and parents entering the studio.

### **Health Checks**

Parents – do not bring your child if **any** of the following symptoms are present:

- A fever in the last two weeks. (*The CDC considers a person to have a fever when temperature is at least 100.4°F*).
- Cough or breathing problems.
- Exposure to anyone exhibiting COVID-19 symptoms (including but not limited to fever, chills, muscle pain, cough, loss of smell or taste) in the last 14 days.

### **Class Size Limits**

- We currently have a maximum of six students per class.
- Face masks are required to be worn by both staff and students.

### **Studio Cleaning**

We will make every effort to ensure door handles, light switches, and barres are cleaned and disinfected before and after each class.

- Hand sanitizer will be available for students, parents, and teachers, before and after class.