

Wisconsin Ballet Academy

400 East Street, 2nd Floor, Wilton, WI 54670

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Student's Name:		New Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Age:	Date of Birth:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Email:
Address:		City:	Zip:
Day Phone:		Cell Phone:	Evening Phone:
Mother's Name:		Father's Name:	
Address (if different than above):		Address (if different than above):	
City:	Zip:	City:	Zip:
Phone (if different than above):		Phone (if different than above):	
Emergency Contact Name:		Emergency Phone:	

Fall Session – 13 September to 17 November

One Class Per Week – Full Session

Tuesdays	<input type="checkbox"/> Beg. Ballet \$67 5:15 – 6:00 pm Ages 7 & up	<input type="checkbox"/> Adult Ballet \$67 6:00 – 6:45 PM Ages 16 & up	<input type="checkbox"/> Adult Ballet & Tap \$78 6:00 – 7:00 PM Ages 16 & up	<input type="checkbox"/> Ballet I–II \$108 7:00–8:30 PM Placement Required
Thursdays	<input type="checkbox"/> Creative Moves \$56 4:45 – 5:15 PM Ages 3-5	<input type="checkbox"/> Pre-Ballet & Tap \$67 5:15 – 6:00 PM Ages 4-6	<input type="checkbox"/> Beg. Ballet & Tap \$67 6:00 – 6:45 PM Ages 7 & up	<input type="checkbox"/> Ballet I–II \$108 6:45–8:30 PM Placement Required

~~ Dancewear ~~

Leotards, Tights, Ballet, and Tap Shoes are available for purchase at the studio

Class	Dancewear Required	Approximate Cost
Creative Moves	Biketard, T-shirt, Shorts, Leggings, Grippy Socks or Ballet Shoes	\$12 - \$30
Pre-Ballet & Tap	Pink Leotard, Tights, Ballet and Tap Shoes. No Tutus; skirts are allowed during Tap	\$45
Beg. Ballet	Light Blue Leotard, Tights, Ballet Shoes	\$55
Beg. Ballet & Tap	Light Blue Leotard, Tights, Ballet and Tap Shoes	\$65
Adult Ballet	Leotard, Tights or T-shirt, Leggings, Ballet Shoes	\$55
Adult Ballet & Tap	Leotard, Tights or T-shirt, Leggings, Ballet and Tap Shoes	\$65
Ballet I – II	Royal Blue Leotard, Tights, Ballet Shoes – Pointe Shoes (pre-approval required)	\$70
Boys	White T-shirt, Black Bike Shorts, White Socks, Black Ballet and/or Tap Shoes	\$60

Pre-Enrollment Required - Please Email or Text

All classes have a minimum enrollment of 3 students or class may be canceled or combined.

Bring completed registration form to first class. Cash, checks, and credit cards are accepted. If you wish to pay using credit card or PayPal, please contact the Director. Make checks payable to: Wisconsin Ballet Academy

COVID-19 Precautions

We continue to monitor Monroe County Levels – [Here](#). The studio will be cleaned between classes and ventilated with fresh air. Following CDC guidelines, we suggest wearing a mask and request if you do not feel well, please do not attend class.

I state, I have read, understand, and agree to the terms of this agreement. By signing this document, I agree I am the responsible party for payment on this account, and have read and understand the RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT on page 2.

Signature: _____

Date: _____

Tuition: \$ _____ Discount: \$ _____ Total: \$ _____
 Check #: _____ Cash: _____ Credit Card: _____

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

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.)