



Season 2023-2024 CLASS ENROLLMENT FORM

ONE PER STUDENT

*Student's Full Name: _____ DOB: _____ F or M (circle)

Parent #1 Name: _____ Parent #2 Name: _____

Parent #1 Cell: _____ Parent #2 Cell: _____

Address: _____

E-mail Address of (1) parent: (for communications of notices and reminders):

Emergency Contact & Phone Number: (someone other than the people listed above)

Student's School/Day Care: _____

Describe your student's past experience with dance instruction and performances:

What (3) ways did you hear about our school? _____

Any special need or medial condition we need to be aware of: (allergies, asthma, medication, etc.)

Level Enrolled: _____ Attending the following classes:

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Release, Liability Waiver & Agreement of Handbook:

Please fill this form out in its entirety. An incomplete form may prevent the student from getting registered.

I understand that I am responsible for the tuition for the classes for which I am registered, and that registration and tuition is non-refundable. I give permission for Ballet in the Country, LLC (The Wilson Ballet/The Medina Ballet) to take and publish photos/video of me or my child. I agree that I will not hold The Wilson Ballet/The Medina Ballet or any member or employee liable for any injury sustained or illness contracted while, I or my child, is a student. I exempt and release The Wilson Ballet/The Medina Ballet and its agents from any and all liability claims, demands or causes of action whatsoever from any damage, loss or injury to the student, parent, guardian, family member or personal property which may arise out of or in connection with participation in any The Wilson Ballet/The Medina Ballet activity by signing this form. I have read and agree to the school handbook for Season 2022-2023.

All classes are subject to change at any time. No refunds or exchanges.

In the event of an "Act of God" (force majeure) natural disasters, war and unforeseen government actions, pandemics, epidemics, that are beyond a party's control, this contract will be upheld.

Season Contact, Commitment & Payment The Nutcracker Collection Audition & Production /Snow White Production

I understand that I am financially committing to the requirements needed for my student to attend this school and the classes listed above. I will be responsible for payment for the entire Season of 2023-2024, (August 2023-May/June 2024) regardless of attendance and a payment requirement of every installment is required. Volunteering for at minimum (1) show per theme is required including but not limited to fundraising throughout the year.

The Nutcracker Collection 2023 Audition & Production: \$175-\$150

I understand that if my student qualifies to audition, he/she will be attend audition to be held at The Medina Ballet and will attend rehearsals to be safe and successful on stage.

Snow White Production Package Fee: \$325-\$425

(includes flower bouquet, production video, costume fee/usage, production fee, 2 adult tickets, and 1 portrait

Parent's/Authorized Adult Name, Signature & Date: _____

Credit Card Payment Authorization Form 2023-2024

Sign and complete this form to authorize The Wilson Ballet/The Medina/Wilson Ballet, LLC to make debits to your credit card listed below. Note: there is a 3-4% convenience fee added for each transaction.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, or multiple scheduled transactions listed below:

Please complete the information below:

I _____ (print full name) authorize **Ballet in the Country, LLC** (The Wilson Ballet/The Medina Ballet) to charge my credit card account indicated below for _____ on or after _____. These payment are for (amounts/ dates)_____. (description of goods/services)

Enrollment: _____ Date pd: _____ Classes/Workshops: _____ Date pd: _____

T-shirt: _____ Bag: _____ Jacket: _____ Polo: _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Cardholder Name _____

Account/Credit Card Number _____

Expiration Date _____ CVC _____ I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amounts indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. All classes are subject to change at any time. No refunds or exchanges.

In the event of an "Act of God" (force majeure) natural disasters, war and unforeseen government actions, pandemics, epidemics, that are beyond a party's control, this contract will be upheld.

Parent's/Authorized Adult Name, Signature & Date: _____
