

VALERIE HOLGERS'  
**Academie de Ballet**  
 CLASSIQUE

Registration & Authorization Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_  M  F DOB under 21 \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ # \_\_\_\_\_

**Required: EMAIL ADDRESS (WE DO NOT SHARE!)** \_\_\_\_\_

Please Print clearly

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

Class(es) Please list class number, title, days in the boxes below

Class No	Class Title – See www.abcbend.com Schedule for times, dates & description	Days & times	Monthly Tuition Due in advance	Payment Plan
	Registration fee		\$25.00	
	Class Monthly Tuition			
	Discounts			
Total Monthly Tuition				

Office use only. Registered date: \_\_\_\_\_ Registration fee \$25/\$40 \_\_\_\_ Tuition \_\_\_\_\_

**Paid cash/check #** \_\_\_\_\_

mail to: Valerie Holgers' Academie de Ballet Classique; 162 NW Greenwood Avenue, Bend, OR 97701

**PERMISSION STATEMENT:**

The above named person has my permission to attend Valerie Holgers’ Académie de Ballet Classique (ABC Bend) classes. I confirm that this person is in good health and I know of no reason why he or she is not able to participate in this form of artistic exercise. I am aware that dancing is a high impact form of exercise and that ABC Bend will not be held responsible for and loss, damage or injury associated with participation in classes or events. I hereby give my permission to ABC Bend to call the above named person and/or doctor for treatment in the event of an emergency. I further agree not to hold any ABC Bend officer or staff members, responsible for any illness, accident or injury which might occur while in class or on ABC Bend premises. I hereby verify that I fully understand and accept the above statement.

**TUITION PAYMENT and PAYMENT PLANS**

Payment must be made prior to beginning of term, or month, payment plans offer discount incentives. Tuition is not prorated for fractional months, or adjusted for skipped or missed classes.

Student withdrawal requires a written 30 day notice. Tuition is not adjusted for fractional month.

		Mark X payment method
Family Discounts	15% off siblings’ tuition (1st child at full tuition)	
Monthly <i>auto</i> payment	5% discount off monthly tuition, via credit/debit or through bank auto-draft - Sept through June 23, 2012	
Half yearly (5 months)	10% discount	
Annual tuition payments (10 months)	15% discount off total tuition - Sept through June 2012	
Monthly cash or check <i>not</i> on automatic plan	Tuition is due <i>before</i> the 1st of the month,, payments received after the 5th of each month <i>will</i> be assessed a \$10 late charge. Wait listed students could take your child’s place in class. Please be prompt with monthly tuitions not on a payment plan.	

I also agree to the tuition payment terms, all payments are due in full on or before the 1st of each month. Payments received after the 5th of the month will be charged a \$10 late fee.

I agree that ABC Bend may use, reproduce and distribute participant’s likeness for marketing purposes. DO NOT USE \_\_\_\_ Please initial

***I have read and understand the above informed consent release, tuition fees and terms of payment. I also understand that there are no adjustments for missed classes. I accept these fees and terms accordingly.***

\_\_\_\_\_  
Date \_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**