



A Tradition of Education

The Official Schools of Lone Star Ballet

SUMMER INTENSIVE 2019

2019 Registration Form • One Per Student

Gender: M F

Student Name _____ Age: _____ DOB: _____

Parent's Name: _____

Address _____

City: _____ State: _____ Zip: _____

Phone: Work _____ Home _____ Cell _____

Email: (Important) _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Medical Conditions/Current or Past Injuries _____

Experience

Name of Previous Academy: _____ Years of Total Dance Training: _____

Intermediate

Advanced

SUMMER INTENSIVE

July 22 - 26 – Earle Smith

July 22 – 26 – Brandon J

**August 19 – 23 – Jennifer
Kronenberg Guerra**

RELEASE FORM (on back) MUST BE SIGNED PRIOR TO FIRST CLASS DAY

Student Signature (Parent if under 18)

Date of Registration

Classes Enrolled/For Office Use Only



PARTICIPATION AGREEMENT WITH RELEASE OF LIABILITY

If Participant is under 18 years of age, Parent/Guardian must also sign this Agreement.

TERMS & CONDITIONS – I understand the policies and formats the Lone Star Ballet and Lone Star Dance Academy (**LSB/LSDA**) has set forth and agree that I will pay the fees for Participant’s classes and performances as stated upon registration and in the handbook, as well as a non-refundable registration fee. If Participant desires to change classes, Participant must promptly notify LSB/LSDA of the desired class change, which must be approved by LSB/LSDA. Participant will be responsible for fees as indicated in LSB/LSDA records until LSB/LSDA approves of the class change and you receive confirmation of said change. Personal or sick time off from class, school holidays, and vacation time will not alter Participant’s fee. However, Participant may consult with either the Director of Dance or the Academy Director about taking an alternate class at no additional cost to “make up” any missed classes.

CODE OF CONDUCT - I will conduct myself in a disciplined manner and cause my guests to behave in a disciplined manner. I will abide by all LSB/LSDA policies and rules. I understand that all violations of LSB/LSDA policies and rules are reported to the Director of Dance and may be grounds for dismissal at the sole discretion of LSB/LSDA.

PHYSICAL CONDITION CERTIFICATION - I certify that Participant is physically capable of participating in the classes and does not have any physical impairment that would adversely affect Participant’s participation in the classes.

IMAGE RELEASE – I authorize the use of my photograph recorded on film, disk or video by LSB/LSDA for any advertising, marketing or other promotional purposes, including internet posting on LSB/LSDA’s website and social media. For consideration received, I agree to allow LSB/LSDA to use, publish, sell, give title to or name, or copyright that still photography, moving pictures or video tape pictures, with or without sound, with my image in perpetuity. I understand that students cannot be edited out of group media recordings.

RELEASE OF LIABILITY and MEDICAL AUTHORIZATION - I understand that the activities offered by LSB/LSDA involve risks of accident and injury. Understanding those risks, I, for myself, my heirs, executors, and administrators, waive and release Lone Star Ballet and the Lone Star Dance Academy, their officers, representatives, successors, employees, contractors, and assigns from any and all liability and damages for any injury or loss that occurs in connection with traveling to, participating in, and returning from any LSB/LSDA activity, whether caused by LSB/LSDA negligence, the actions of Participant, or otherwise. I, for myself, my heirs, executors, and administrators, waive any and all claims that may occur from any cause whatsoever during or arising from participation in the classes or performances, including any injury to Participant or Participant’s guests or damage to Participant’s property or Participant’s guests’ property. LSB/LSDA shall not be responsible for and specifically disclaims any liability to Participant and Participant’s guests for any loss, theft, injury or liability incurred at an LSB/LSDA activity, except if resulting significantly from the gross negligence or willful misconduct of Lone Star Ballet, Inc or its employees. Further, I grant LSB/LSDA permission to authorize any emergency medical treatment that may be required to treat any injury sustained by Participant during an LSB/LSDA activity. LSB/LSDA will use reasonable effort to contact the emergency contact for Participant provided by Participant prior to the treatment of Participant, but that treatment will not be withheld if in the sole discretion of LSB/LSDA the injury requires emergency treatment or the emergency contact cannot be reached.

I warrant that I have read, understand and approve of this Agreement and agree that I shall be bound to the terms stated in this Agreement and in the academy handbook.

Participant’s Signature _____

Print Name _____

Parent/Guardian’s Signature _____

Print Name _____

Date _____