



NJ BALLET ARTS CENTER

2013/2014 Registration Form

Parent's Names: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Student's Name: _____

DOB: _____

Gender: _____

Previous Training: Yes/ No

Level: _____

Day Choice: _____

Training (where/how long): _____

Hobbies: _____

Academic School: _____

Medical Needs: _____



NJ BALLET ARTS CENTER

Student Waiver/ 2013-2014

Student's Name: _____

Parent Name: _____

Phone: _____

Email: _____

I, guardian of the above named student, hereby consent to the participation for the student/s in NJ Ballet Arts Center programs. I am aware that all forms of dance and the rigorous exercises associated with it place unusual stresses on the body and carry with them the possible risk of physical injury. I assume this risk and agree that the NJ Ballet Arts Center programs, its staff, and the NJ Ballet Arts Center facilities shall not be liable in any way for injuries sustained during attendance in this program.

Parent/Guardian Signature: _____ Date: _____

Photographic Waiver

I hereby give permission to NJ Ballet Arts Center to take photographs, film, or videos of my child or myself. I consent to the use of such materials and/or the use of my child's name for promotional purposes by NJ Ballet Arts Center.

Parent/Guardian Signature: _____ Date: _____



NJ BALLET ARTS CENTER

Electronic Funds Transfer Release Form

- NJ BAC has permission to deduct monthly tuition fees from my specified account. Deduction will begin the month my student starts and continue on the 1st of each month through June 2014.
- NJBAC will **not** deduct for drop in classes, private lessons, or performance fees
- I understand that a \$30.00 insufficient funds fee will be charged if adequate funds are not available, if this happens, you will be contacted by email. NJBAC will not make a second attempt via EFT to collect funds. Account must be made current by paying with check or cash and will include the \$30.00 fee.
- I understand that I must contact NJBAC in writing if I need to change accounts or if I would like to discontinue with EFT. This must be done by the 1st of the month for any changes to go into effect that calendar month. Failure to do so may result in a \$30.00 fee.

Sign below and include a voided check that clearly shows the bank, account number, name on account, and routing number.

**You may mail in your form and check or drop it off at the studio during business hours. Mailing address is: 1007 Livingston Avenue, North Brunswick NJ 08902*

Student's Name: _____

Parent/Guardian's Name: _____

Email Address: _____

Phone Number: _____

Monthly Tuition Amount: _____

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND AGREE TO THE CONDITIONS OF THE NJ BALLET ARTS CENTER ELECTRONIC FUNDS TRANSFER RELEASE FORM:

Parent/Guardian's Signature: _____ Date: _____