

BLUE RIDGE PERFORMING ARTS ACADEMY

2023/2024 Registration Form

Student Information

Student's Preferred Name: _____ Birth date: _____

Name of School: _____ Grade: _____ Age on September 1: _____

Parent(s)/Guardian's Names: _____

Mailing Address: _____

Person(s) authorized to pick up child from dance: _____

Name, and email of person responsible for paying fees: _____

Parent/Guardian Information

Mother or Guardian's Name: _____

Mother or Guardian's Cell Number: _____

Father's Name: _____

Father's Cell Number: _____

Email is our primary form of communication with dance families. Please list the primary email address that will be checked on a regular basis:

Primary email: _____

Secondary email: _____

Emergency Information

If parents or guardian cannot be reached, please list the name of another person to contact in case of emergency.

Emergency Contact (Other than parent): _____

Phone Number of Emergency Contact: _____

Medical Information

Doctor's Name: _____ Insurance Co.: _____

List any allergies, medical conditions, or limitations that we should be aware of: _____

Classes

Class placement is made at the discretion of the instructors. Dance experience, skill level, age, grade, and maturity will all be taken into consideration. Instructors may request to move a child up or down based on class performance.

Class size is limited to 15 students.

Please enter your class requests:

#1: _____

#4: _____

#2: _____

#5: _____

#3: _____

#6: _____

Please list any previous dance and/or acting training and experience (studio name, location, type of dance, length of study, theater productions, roles, etc.): _____

Studio Policy Acceptance (please initial)

I have read the student handbook (located on the website under the "STUDENT HANDBOOK" tab) and agree to adhere to all the content stated therein.

___ I/we understand the Studio Policies

___ I/we understand the Dress Code

___ I/we understand the Attendance Policy

___ I/we understand the Traffic Pattern

___ I/we understand my billing obligations

___ I/we understand the Studio Calendar

Agreement of Classroom Protocol (please initial)

___ I understand, acknowledge, and accept that due to the nature of dance and acting classes, some touching and/or physical positioning regarding proper body placement may be involved. (Due to Covid policies, no hands on corrections will be utilized.)

I hereby certify that the statements below are true. (Please initial all that apply.)

___ I have read, understand, and agree on behalf of myself and my minor child/ward to be bound by the terms of this agreement.

Signature of Responsible Party

Date

Student's Printed Name

Birth Date of Student

Reserve Your Spot in Class

Your spot in class is not guaranteed until you have paid the registration fee. When registering in person, payment may be paid in cash or online via our website by clicking on the "MAKE A PAYMENT" page.

The registration fee is \$25 per student or \$40 for siblings.

Once your registration form has been submitted, your registration fee has been paid, and your class selection has been approved, you will receive an email regarding tuition payment options.

Blue Ridge Performing Arts Academy
Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Blue Ridge Performing Arts Academy, LLC (BRPAA) has put in place preventative measures to reduce the spread of COVID-19; however, BRPAA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending BRPAA could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) may be exposed to or infected by COVID-19 by attending BRPAA and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at BRPAA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BRPAA employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at BRPAA. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless BRPAA employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of BRPAA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any BRPAA class or program.

Signature of Parent/Guardian for participants under 18 years of age
Participant signature if over 18 years

Date

Printed Student Name

Birth Date of Student

Blue Ridge Performing Arts Academy
Waiver of Liability and Permission to Secure Treatment

Please read this form carefully. Be aware that in registering yourself or your minor child in any dance or fitness class at Blue Ridge Performing Arts Academy, LLC, you will be waiving and releasing all claims for injuries you or your minor child might sustain arising from participating in such activities.

I recognize and acknowledge that there are certain risks of physical injury to participants in classes at Blue Ridge Performing Arts Academy (hereafter referred to as BRPAA), and I agree to assume full risk of injuries, damages, or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities at BRPAA.

By my signature below, I certify that I and/or my minor child are physically able to participate in classes and do hereby agree that this business, owners, employers, contractors, assistants or agents are not responsible or liable to me for any injury, accident, or loss of personal property. I, for myself and my minor child, do hereby release this business and its employees, contractors, assistants, owners, and agents from any claim or cause of action which may have occurred as a result of participation in classes or as a result of any medical problem known or unknown of which I have knowledge presently or in the future. I agree to waive and relinquish all claims that my minor child or I may have against BRPAA and its owners, agents, employees, contractors, instructors, and assistants as a result of participating in classes at BRPAA.

I further agree to indemnify and hold harmless and defend BRPAA, and its owners, agents, employees, contractors, instructors, and assistants from any and all claims resulting from injuries, damages, and/or losses sustained by me or my minor child arising out of, connected with, or in any way associated with classes at BRPAA.

In the event of an emergency, I authorize BRPAA or its agents to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child's immediate care and agree that I will be responsible for payment of all hospital and medical charges which are incurred. I recognize and acknowledge that BRPAA or its agents will not be responsible for honoring specific hospital or healthcare provider preferences.

I have read and fully understand the above Waiver and Release of All Claims and Permission to Secure Treatment.

Signature of Parent/Guardian for participants under 18 years of age Participant signature if over 18 years	Date
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Printed Student Name	Birth Date of Student
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Blue Ridge Performing Arts Academy
Photo/Media Release

I hereby give BRPAA the absolute right and permission to use my and/or my minor child's name, image, interview, performance, or other auditory or visual image as a BRPAA participant and copyright and/or publish, or use pictures, or videotapes, of me and/or my minor child of which the inclusion is in whole or in part, made through any media or Internet website at its studios or elsewhere, for research, education, advertising, trade or any other lawful purpose whatsoever whether taken in the classroom, prior to, or after class, at a Studio event, or a dance performance, dress rehearsal, or dance recital and whether these events are within, pre, or post the enrolled semester. I hereby waive any right that I may have to inspect and/or approve the finished product that may be used in connection therewith, or the use to which it may be applied.

____ I have read and fully understand the above Photo/Media Release. *(Please sign an additional waiver for each student enrolled at BRPAA.)*

____ I do NOT wish to give my consent for use of photography or media.

If you do NOT wish to give consent for use of photography or media, please list reason below:

Signature of Parent/Guardian for participants under 18 years of age
Participant signature if over 18 years

Date

Printed Student Name

Birth Date of Student