

Above the Barre *Registration Form*

Contact Information

Student's Name _____ M F

Address _____

City, State, Zip _____

Home Phone _____ - _____ - _____ Birthdate _____

School _____

Parent/Guardian 1 _____ **Parent/Guardian 2** _____

Mr./Ms./Mrs. _____ Mr./Ms./Mrs. _____

Email Address _____ Email Address _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Registration Information

Class 1 _____

Class 2 _____

Class 3 _____

Class 4 _____

Payment Information

Payment Plan Full-Year Semester-Pay Cash

Tuition Due \$ _____ Check # _____

Registration Fee \$25 Individual \$35 Multi-student (one per family) Credit Card # _____ - _____ - _____

Exp. Date _____ / _____ Security Code _____

Total Amount Due: _____

Multiple Student Discount -10%

Balance Due \$ _____

Amount Enclosed \$ _____

One form per child.
Mail (1) Registration, (2) Consent and Release, and (3) Payment to:
Above the Barre, LLC
8417 Fort Hunt Road
Alexandria, VA 22308

I have read the enclosed Policies and Procedures and Tuition and Fees documents and agree to all terms listed therein and to pay all money due by the dates listed. I UNDERSTAND THAT ALL TUITION AND REGISTRATION FEES ARE NON-REFUNDABLE.

Signature: _____ Date: _____ / _____ / _____

Print Name: _____

Consent and Release Form

Medical Release

I, (WE) THE UNDERSIGNED, PARENT/GUARDIAN OF (STUDENT'S NAME) _____, HEREBY AGREE THAT **ABOVE THE BARRE, LLC** AND IT'S FACILITATORS, WILL NOT BE LIABLE FOR ANY INJURIES TO PERSONS, WHICH MIGHT BE SUSTAINED BY STUDENTS, THEIR FAMILIES, GUESTS, OR OTHERS, IN OUR FACILITY OR IN SPONSORED ACTIVITIES WHICH MAY OCCUR OUTSIDE. ALL PERSONS ASSUME RISKS INCIDENT TO ACTIVITIES OF THIS STUDIO.

I (we) the undersigned, also grant **Above the Barre, LLC** staff the right to render judgment concerning medical assistance in the event of an injury or illness during my absence. I agree to the conditions set forth herein which I have read and understand.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Insurance Company

Policy Holder

Policy Number

Emergency Contact

Phone

Relationship to Student

Photograph/Digital Image Publication Consent

I (we), the undersigned parent/guardian of (child's name) _____ hereby grant permission to **Above the Barre, LLC** and its representatives, to use: photographs and/or digital images of my child for use in news releases, marketing and/or educational materials as follows: printed publications or materials, electronic publications, or web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of Above the Barre, LLC, unless otherwise made available for purchase.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Student and Parent/Guardian understand and agree that no monetary consideration shall be paid, consent and release have been given without coercion or duress, this agreement is binding upon heirs and/or future legal representatives, and the photographs may be used in subsequent years. If the Student and/or Parent/Guardian wish to rescind this agreement, they may do so at any time with written notice.

ONLY COMPLETE THE FOLLOWING IF YOU DO NOT CONSENT TO THE ABOVE PHOTO/DIGITAL PUBLICATION AGREEMENT

I (we), the undersigned parent/guardian of (child's name) _____ DO NOT consent to the above photograph/digital image agreement.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Any photographs or digital images in which the subjects cannot be identified by the naked eye (i.e. wide shots of the stage containing the entire cast of the Recital) will be published at the discretion of Above the Barre, LLC.

Multi-Student Tuition Worksheet

All Classes Per Student		
	Full-Year	Semester Plan
One class per week	\$364 (\$13/class)	\$210 (\$15/class)
Two classes per week	\$672 (\$12/class)	\$392 (\$14/class)
Three classes per week	\$924 (\$11/class)	\$546 (\$13/class)
Four classes per week	\$1,120 (\$10/class)	\$672 (\$12/class)

Student 1 Name _____ Tuition \$ _____

Student 2 Name _____ Tuition \$ _____

Student 3 Name _____ Tuition \$ _____

Student 4 Name _____ Tuition \$ _____

Student 1 Tuition \$ _____

Student 2 Tuition \$ _____

Student 3 Tuition \$ _____

Student 4 Tuition \$ _____

Total \$ _____

Multi-Student Discount -10%

Multi-Student Registration Fee +\$35

Total Due _____