



Mailing Address:  
P.O. Box 99072  
San Diego, CA 92169

Studio Address:  
941 Garnet Avenue  
San Diego, CA 92109

Website:  
www.cityballet.org  
email: info@cityballet.org

Telephone:  
858-274-6058

Box Office Telephone:  
858-272-8663

Fax:  
858-272-8375

### Adult Registration Form

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(Home) Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to call in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Any serious medical or emotional problems \_\_\_\_\_

Previous Dance Training (type, length of time, teacher) \_\_\_\_\_

How did you hear about City Ballet School? \_\_\_\_\_

Which classes will you be attending? \_\_\_\_\_

Annual Registration Fee of \$20 enclosed: Check # \_\_\_\_\_ Charge \_\_\_\_\_ Cash \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_  
(optional) (Visa or Mastercard only)

Signature for credit card payment \_\_\_\_\_ CVV# \_\_\_\_\_

I wish to pay tuition: (choose one) with class cards \_\_\_\_\_ per class \_\_\_\_\_

\_\_\_\_\_ I am a new student who has registered within the last 6 months. Month registered: \_\_\_\_\_  
(New students who registered and paid registration fee within the last 6 mos. do not include the \$20 yearly registration fee.)

**I have read and accepted the tuition and refund policy stated on the reverse side:**

**I have read and signed the Waiver and Release on the reverse side:**

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**(Please see reverse side for important information and additional required signature.)**

(Office Use Only) Date \_\_\_\_\_ Amt \$ \_\_\_\_\_ Cash /CC/ Check # \_\_\_\_\_ Received by \_\_\_\_\_ Receipt # \_\_\_\_\_  
2019-20 A

WAIVER AND RELEASE: I, \_\_\_\_\_, wish to attend the City Ballet School. I give my permission for the City Ballet staff to call a doctor or the one listed below in the event of an emergency and I will assume all financial costs incurred. I recognize the risks of illness and injury inherent with any dance exercise program and I wish to participate in City Ballet School's program upon the express agreement and understanding that I am waiving and releasing the School and/or staff from any and all claims, costs, liabilities, expenses, judgments, including attorney's fees and court costs (herein collectively "claims") arising out of my participation in any event or program given or sponsored by the School and/or Company and any illness or injury resulting therefrom. I hereby further agree to indemnify and hold harmless the School and/or Company from and against any and all such claims except claims proximately caused by the gross negligence or willful misconduct of the School and/or Company.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

Doctor's Name \_\_\_\_\_ (Doctor's Phone) \_\_\_\_\_  
(Optional)

### **City Ballet School Adult Tuition and Refund Policy**

1. Payment for classes is due and payable in advance. Tuition may be paid per single class or by purchasing class cards. Class cards may be used for Open Classes and Adult Classes only. Class cards expire 6 months from the date of purchase.
2. Registration Form and \$20 yearly Registration Fee is required to purchase class cards.
3. **Tuition is not refundable or transferable.**
4. All classes are subject to change and the management reserves the right to engage a qualified substitute teacher when the regular teacher cannot attend.
5. CITY BALLET SCHOOL observes these pre-scheduled holidays: Labor Day, Thanksgiving Day, two week Christmas break, Martin Luther King Day, Easter Sunday, Memorial Day, and July 4<sup>th</sup>.
6. There is a yearly registration fee of \$20 for all registered students.
7. Returned check with Insufficient Funds incurs a \$25 fee.