



The Sarasota Cuban Ballet School
4740 Cattlemen Road
Sarasota, FL 34233
Phone: 941-365-8400
www.srqcubanballet.org

2024 Summer Camp Registration Form

Student Information:

First Name: _____ Last Name _____

DOB: _____ Gender: _____ Mobile Phone: _____

Email: _____

Home Address: _____

City _____ State _____ Zip Code _____

Family Information: Contact # 1:

First Name: _____ Last Name _____

Mother _____ Father _____ Guardian _____ Home Number: _____

Mobile: _____ Emergency Number: _____

Email: _____

Home Address: _____

City _____ State _____ Zip Code _____

Contact #2:

First Name: _____ Last Name _____

Mother _____ Father _____ Guardian _____ Home Number: _____

Mobile: _____ Emergency Number: _____

Email: _____

Home Address: _____

City _____ State _____ Zip Code _____

Student lives with _____ Mother _____ Father _____ Both _____ Other



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Emergency Contact Info (In addition to parent/guardian)

Name (first, last): _____

Address: _____

City: _____ State: _____ Zip: _____

Relation to Student: _____

Telephone: _____ Mobile: _____

Insurance Carrier

Name of Health Insurance: _____

Name of Policy Holder (Parent/Guardian Name): _____

ID Number: _____ Group Number: _____

Relation to the insured: _____ Insurance tele: _____

(Please provide a copy of the insurance card for your student)



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Tuition Contract

2 weeks: \$375.00

1 week: \$225.00

PAYMENT VOUCHER

I am enclosing payment in the amount of _____ for:

*Payments may be by check or credit card. Please provide credit card information by calling our office Monday-Friday 2:00 pm-7:00pm EDT, or completing the form included in this document. *Please make your check payable to Sarasota Cuban Ballet School, Inc and send to the school at 4740 Cattlemen Rd., Sarasota, FL 34233.*

**Please note: Regardless of methods of payment, a credit card number must be on file for every student.*

Visa _____ Master Card _____ American Express _____ Discover _____

Name on the card: _____

Credit Card No: _____

Expiration date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature _____

I have read, understood, and agree with all information contained in this document.

Parent/Guardian, Print First and Last Name

Parent/Guardian, signature

Date



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Release, Hold Harmless and Exculpatory Agreement

Sarasota Cuban Ballet School, Inc., is pleased to have you as a student. Ballet or any type of dance is a wonderful activity for healthy people of virtually all ages and levels of ability. Dance not only improves your strength, coordination, agility, but also inspires focus, discipline and improves self-esteem. Above all participating in our program can be a great family experience. However, as in any physical activity, there is an inherent risk of bodily injury or even death. These risks also extend to those present in our facility, even if they are not actively participating in an organized event. Such risks can be minimized through proper instruction, supervision, and education, but strive as we may, such risks can never be eliminated. Your knowledge and appreciation of these risks is extremely important to your making an informed decision.

By signing this document, either individually, and/or in the capacity of a natural or legal guardian, you acknowledge the inherent risks of bodily injury, psychological injury, or even death in the activities that dance, gymnastics or any physical activity or in the capacity as a spectator. Because of the dangers of these, I understand the importance of following the teacher's or supervisor's instructions regarding techniques, training and other rules and agree to obey such instruction. Catastrophic injury, paralysis or even death can result from the improper conduct of the classical ballet, other dance forms or physical activities. Further, I hereby release, agree to defend and hold harmless and exculpate The Sarasota Cuban Ballet School, Inc. and its employees, assigned representatives and administrators from any and all liability for their negligence, as set forth above, further extends to any defective condition of the premises whether or not known to Sarasota Cuban Ballet School, Inc. or its officers, administrators, agents, representatives and employees occurring off premises or during transportation to or from related events or activities. We are excited to have you as a part of our dance family.

I've read the above and agree.

Release of Liability

As the legal parent or guardian, I release and hold harmless the Sarasota Cuban Ballet School Inc., its owners, and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of the Sarasota Cuban Ballet School Inc., its owners, and operators, or in route to or from any of said premises. I understand that dance instruction involves kinetic health corrections to the body that may involve physically touching the student as part of regular class work and rehearsals.

I've read the above and agree.

Medical Emergency

The undersigned gives permission to the Sarasota Cuban Ballet School Inc., its owners, and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I, the parent or legal guardian of the student enrolled, hereby authorize the instructors or the above-identified Emergency Contact to act as my agents, and to consent to medical, surgical, or dental examination and/or treatment.

I've read the above and agree



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Media Release

We believe that our students, staff, and school benefit from positive recognition and there may be occasional media coverage that involves our students. We ask permission to release pictures and/or other communication to the media on occasion. This may include but is not limited to newspapers, magazines, news station coverage, newsletters, all social media platforms, and our website. By your signature, hereto you authorize the Sarasota Cuban Ballet School to use your child's likeness. The Sarasota Cuban Ballet School has my permission to take photos, videos, and/or films of me, my son or daughter and consent to use such materials for promotional purpose by the Sarasota Cuban Ballet School.

I've read the above and agree

Level Placement/Casting Policy

Level placement will be determined by strength, technical knowledge, commitment and ability and is at the sole discretion of the Artistic Director. Casting for advance variations or roles is carefully decided upon numerous factors and is and at the sole discretion of the Artistic Director. Complaints or comments regarding the placement of your student or other students is not acceptable and will adversely affect enrollment at the Sarasota Cuban Ballet School.

I've read the above and agree.