



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

2024 Summer Intensive Registration Form

Student Information:

First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Cell Phone: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Family Information – Contact 1:

First Name: _____ Last Name: _____

Mother: _____ Father: _____ Guardian: _____ Home Phone: _____

Cell Phone: _____ Emergency Number: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Family Information – Contact 2:

First Name: _____ Last Name: _____

Mother _____ Father _____ Guardian _____ Home Phone: _____

Cell Phone: _____ Emergency Number: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Student lives with: Mother _____ Father _____ Both _____ Other _____



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

Emergency Contact Information (in addition to parent/guardian)

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Insurance Carrier

Name of Health Insurance: _____

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

ID Number: _____ Group Number: _____

Relationship to the Insured: _____ Insurance Phone Number: _____

Please provide a copy of the insurance card for your student



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

Student Medical Information

Please list any allergies to food or medications: _____

Please list any medications taken regularly, their purpose, and dosage: _____

Are there any physical or mental health concerns that may affect the student's participation in our programs?

Is there any history of prior physical injury? Yes _____ No _____ If yes, explain: _____

Please circle one: I do/do not give my permission for staff members of the Sarasota Cuban Ballet School to administer over-the-counter medication (Ibuprofen) as needed for my child. Please initial: _____

Student Medicines: _____

Medical Conditions: _____

Medical Release in Case of Emergency

Emergency Contact Person: _____ Day Phone: _____

Cell Phone: _____ Evening Phone: _____

Relationship to Student: _____

City: _____ State: _____ Zip Code: _____

I will be contacted first in the event of a medical emergency. If I cannot be reached, my emergency contact person will be notified. If my emergency contact person or I cannot be reached, I hereby authorize the Sarasota Cuban Ballet School or its appointed representatives to sign for medical care. I hereby give permission for my child to be treated by an emergency medical technician or other medical professional as deemed necessary by the Sarasota Cuban Ballet School. In the event of a non-emergency medical situation, the Sarasota Cuban Ballet School may recommend a medical professional for care. The decision whether to consult a medical professional for non-emergency care will be my decision.

Parent/Guardian Signature: _____ Date: _____



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

Tuition Contract/Refund Policy/Class Cancellation

Tuition is the same for all levels and is based on the number of weeks of the program. This does not include the registration fee that is applicable regardless of the number of weeks in attendance.

Registration Fee: \$200.00 (for 3, 4, or 6 weeks)

Tuition: **Deposit: \$650.00 (non-refundable – due no later than 2 weeks after receiving acceptance letter)**

6 weeks: \$2,400.00
4 weeks: \$1,900.00
3 weeks: \$1,600.00

Room and Board: **Deposit: \$750.00 (non-refundable – due no later than April 15, 2024)**

6 weeks: \$4,100.00
4 weeks: \$3,300.00
3 weeks: \$2,300.00

Tuition Payment Schedule

One payment made by April 15, 2024 entitles you to a 10% tuition discount:

6 weeks: \$2,160.00
4 weeks: \$1,710.00
3 weeks: \$1,440.00

Three payments made by May 30, 2024 - no discount. Payment due dates:

March 15, 2024
April 1, 2024
April 30, 2024

Room and Board Payment Schedule

No later than May 30, 2024

Payments may be by check or credit card. Please provide credit card information by calling our office Monday-Friday 1:00 pm-6:00 pm ET, or by completing the form included in this document. Please make your check payable to Sarasota Cuban Ballet School and send to the school at 4740 Cattlemen Road, Sarasota, FL 34233. Please note: Regardless of method of payment, a credit card number must be on file for every student.

Credit Card Information

Regardless of method of payment, every student must have a credit card number on file with the Sarasota Cuban Ballet School.

Visa _____ Master Card _____ American Express _____ Discover _____

Name on Card: _____ Security Code: _____

Credit Card No: _____ Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____



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

Room and board, performance/costume fees, master classes, auditions, private classes, etc. are billed separately, are non-refundable, and are due upon receipt. Please note: By entering into this contract, you are committing to the entire Summer Program inclusive of tuition payments, room and board payment (where applicable), classes, rehearsal, and performance participation.

Occasionally it may be necessary for the Sarasota Cuban Ballet School to cancel scheduled classes due to inclement weather, teacher illness/inability to fund adequate substitute, and/or performance scheduled conflicts. We will give notice of any cancellations as far in advance as possible. Cancelled classes maybe rescheduled if another class of same level/type is not available. If the same class level is available on another day, students should make up classes missed due to excused absences by taking class with the level below theirs. Excused absences include illness and must be approved by the artistic directors upon notification. Tuition and room and board payment is non-refundable, no exceptions. Unpaid tuition bills will cause the student to not be accepted in the classroom and he/she will not be able to participate in the performance.

I have read the above and agree.

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, and agility, but also inspires focus, discipline, and improves self-esteem. Above all, participating in our program can be a great family experience. We are excited to have you as a part of our dance family.

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 that there are inherent risks of bodily injury, psychological injury, or even death in 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 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, and further extends to any defective condition of the premises whether or not known to the 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.

I have read the above and agree.



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

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 have 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 have read the above and agree.

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 have 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 directors. Casting for advance variations or roles is carefully decided upon numerous factors and is at the sole discretion of the Artistic Director. Casting for the performances will be posted the 4th week of the intensive and will be subject to change upon the discretion of the faculty and artistic directors. 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 have read the above and agree.



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

Room and Board

Select Below:

- 6 Week Intensive Program (June 17–July 27, 2024)
- 3 Week Intensive Program (June 17–July 5, 2024)
- Last 4 Weeks Intensive Program (July 1–July 27, 2024) to be part of the performances
- Other duration (Please request in writing to Wilmian Hernandez if you are requesting dates other than the 3-4 or 6 weeks.)

Housing and Food Options

- Sarasota Cuban Ballet School provided housing
- Local Sarasota resident, no housing needed
- Complete meal plan (mandatory for all out-of-town boarding students)
- Complete meal plan but I have the following dietary needs: _____
- I would like the lunch plan (local students only)

I would like to room with the following people:

1. _____
2. _____
3. _____

We do our best to accommodate roommate requests, but we cannot guarantee all requests. Roommate placement will depend on space availability and if the roommates you request have given a deposit to hold their space in the program.



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

Payment Voucher

I am enclosing payment in the amount of _____ for:

_____ \$200 Registration Fee (due upon registration)

_____ Tuition Deposit of \$450.00 (due upon registration)

I prefer to pay full tuition and receive a 10% discount:

_____ Full-tuition payment for 6-weeks (\$2,400.00) with a 10% discount of \$240.00, for a total of \$2,160.00.

_____ Full Tuition payment for 4 weeks (\$1,900.00) with a 10% discount of \$190.00, for a total of \$1,710.00.

_____ Full tuition for 3 weeks (\$1,600.00) with a 10% discount of \$160.00, for a total of \$1,440.00

Please make checks payable to Sarasota Cuban Ballet School and send to school at 4740 Cattlemen Road, Sarasota, FL 34233.

Visa _____ Master Card _____ American Express _____ Discover _____

Name on Card: _____ Security Code: _____

Credit Card No: _____ Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

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