



Children's Summer Programs Registration Form 2021

All Levels (3 weeks) Session 1: June 14 – July 2 Session 2: July 12 – 30

Registration for 3 weeks or 6 weeks (3 week session enrollment may overlap by one full week into alternate session. You must register for 2 consecutive weeks in one session with the 3rd week flexible.)

Pre-Ballet A/B, Pre Ballet C/1	1 hour per week	\$96.00	per 3 week session
Ballet 2 3 classes per week	3 hours per week	\$288.00	per 3 week session
Ballet 3 15 classes per week	15 hours per week	\$1440.00	per 3 week session
Ballet 3+/4 15 classes per week	17.5 hours per week	\$1680.00	per 3 week session
Ballet 4+/5/5+/6/7 15 classes per week	18.5 hours per week	\$1776.00	per 3 week session
Teen Ballet	2 hours per week	\$195.00	per 3 week session

Virtual option is 50% of full tuition

Children's Intermediate Intensive August 2 – 6 \$500.00 10:00-3:00 No virtual option
(Group A) Levels 3,3+ and (Group B) Levels 4, 4+ (Studio 7, 5 & Outdoor Studio)

Teen Ballet Intensive July 5 – 9 \$480.00 3:30-6:30 No virtual option

Advanced Intensive – \$560.00
June 7 – 11 Sleeping Beauty
July 5 – 9 West Side Story
August 9 – 13 Raymonda Variations
 Levels 5, 5+, 6 & 7 *Class and Sleeping Beauty Workshop with Indiana Woodward & Harrison Coll, NYCB
 *Class and Westside Story Workshop with Georgina Pazcoguin, NYCB
 *Class and Raymonda Variations Workshop with Abigail Simon

No virtual options for Intensives

PAYMENT IN FULL IS REQUIRED.

STUDENT NAME: _____ **AGE:** _____

PARENT OR GUARDIAN NAME: _____

PARENT EMAIL ADDRESS: MOTHER: _____ **FATHER:** _____

CHILD'S HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE # MOTHER: _____ **PHONE # FATHER:** _____

EMERGENCY CONTACT PHONE #: _____

EMERGENCY CONTACT NAME : _____ (Relationship) _____

ALLERGIES/MEDICATIONS: _____

LEVEL OF STUDY AT WESTSIDE: _____

New Students, how did you hear of Westside Ballet?

Registering for: (Please check one or more):

Please take note of level combinations at the top of Page 1.

Session 1 (June 14 – July 2) ____ Level _____ Session 2 (July 12 – 30) ____ Level _____

Teen Intensive (July 5 – 9) ____ Children's Intermediate Intensive (August 2 – 6) ____

Advanced Intensive Sleeping Beauty (June 7 – 11) ____ Advanced Intensive West Side Story (July 5 – 9) ____

Advanced Intensive Raymonda Variations (August 9 – 13) ____

TUITION 1: \$ _____ TUITION 2: \$ _____

TUITION 3: \$ _____ TUITION 4: \$ _____ TUITION 5 -\$ _____

TUITION TOTAL: \$ _____

Credit Card #: _____ Expiration: _____

CVV: _____

Cash received: _____ Check # _____

PLEASE COMPLETE LIABILITY WAIVER ON PAGES 3 & 4

Parent/Guardian signature:

X _____

Date: _____

Covid 19 Liability Waiver for Minors

Westside Academy of Dance, Inc DBA Westside School of Ballet. Waiver, Release and Indemnification of All Claims, and Assumption of Risks

*Required

Westside Academy of Dance, Inc DBA Westside School of Ballet. Waiver, Release and Indemnification of All Claims, and Assumption of Risks. NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in its entirety. By signing this Agreement, you give up your right and any of the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however so caused arising out of your and/or any of the named minor's participation in Program(s) of or at Westside School of Ballet of Santa Monica, commonly known as Westside School of Ballet, WESTSIDE SCHOOL OF BALLET ("WSB"), Westside Academy of Dance and/or Westside Academy of Dance Inc. ("WADI"), now or any time in the future. This Agreement is signed by the undersigned in his/her/their individual capacity as well as in the undersigned's legal capacity as the lawful custodial parent or legal guardian on behalf of any of the minor(s) whose name(s) are written below ("Minor(s)"). The WSB, the WADI and the undersigned acknowledge that the Coronavirus/COVID-19 pandemic is unprecedented. The WSB and WADI are following the most current guidelines issued by Federal, State and local authorities and require everyone participating in the Program(s) and/or using the facilities of WSB to be respectful of others by complying to ensure the general safety and wellbeing of all. We are all in this together and we appreciate your commitment to your holistic health and that of the community. Acknowledgment of Risk I/We hereby acknowledge and agree that entering the WSB, participating in any activities at or of the WSB and/or WADI or using the facilities of the WSB as a visitor, vendor, contractor, tenant and/or licensee ("Program(s)") comes with inherent risks. I/we have full knowledge and understanding of the inherent risks associated with participation in the Program(s), including but in no way limited to: (1) slips, trips, and falls, (2) bodily injuries, (3) athletic/dance injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I/we further acknowledge that the preceding list is not inclusive of all possible risks associated with participation in the Program(s) and that said list in no way limits the operation of this Agreement. Coronavirus / COVID-19 Warning & Disclaimer Coronavirus/COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. Coronavirus/COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Program(s) held at or by the WSB and/or the WADI, or accessing the WSB facilities could increase the risk of contracting Coronavirus/COVID-19. The WSB and the WADI in no way warrants that Coronavirus/COVID-19 infection will not occur through participation in Program(s) held at or by the WSB and/or the WADI, or accessing the WSB facilities. Waiver, Release, Indemnification & Covenant Not to Sue In consideration of being allowed to participate in the Program(s), I/we and the Minor(s) on behalf of ourselves and our respective heirs, representatives, executors, administrators, and assigns, agree and HEREBY DO Release WSB and the WADI, and their respective officers, directors,

members, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I/we and the Minor(s) and I, and our respective heirs, representatives, executors, administrators and assigns may have, now or in the future, against the WSB and/or the WADI on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of the WSB and/or WADI facilities/equipment or participation in the Program(s) whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees. *

___ I understand and agree.

In consideration of being allowed to participate in the Program(s), I/we and the Minor(s) agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the participation in the Program(s). I/we hereby certify that I/we have full knowledge of the nature and extent of the risks inherent in participation in the Program(s) and that I/we and the Minor(s) VOLUNTARILY ASSUMING SAID RISKS. I/we understand that I/we and the Minor(s) will be solely responsible for any loss or damage, including personal injury, property damage or death, I/we and/or the Minor(s) sustain while participating in the Program(s) and that by signing this Agreement I/we and the Minor(s) HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I/we further certify that I/we and the Minor(s) is/are in good health and has/have no conditions or impairments which would preclude ours/his/her/their safe participation in the Program(s). I/we further certify that I/we understand that due to the risks and uncertainties of Coronavirus / COVID-19 that some parts or all of the Program(s) may be cancelled, postponed or otherwise altered due to the threat of infection or actual infection, other causes or governmental laws, regulations or orders. I/we further certify that I/we am at least 18 years old, and therefore of lawful age and otherwise legally competent to sign this Agreement, and that I/we have legal capacity to act as the parent or guardian of the Minor(s). I/we further understand that the terms of this Agreement are legally binding, and certify that I/we am/are signing this Agreement after having carefully read and understood it. IN WITNESS WHEREOF, this Agreement is signed by {in Witness}*

PLEASE PROVIDE SIGNATURES OF BOTH PARENT(S) AND FULL NAME OF MINOR CHILD TO ACKNOWLEDGE YOUR AGREEMENT TO THE ABOVE. *

X

Date: _____