



The Sarasota Cuban Ballet School  
501 N Beneva Rd. Suite 700, Sarasota, FL 34232  
Phone Number: +1 (941) 365-8400  
[www.sarasotacubanballetschool.com](http://www.sarasotacubanballetschool.com)

## **2017 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: \_\_\_\_\_ Cellular: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact #2:

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Home phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_



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**Emergency Contact Info (If not parent/guardian)**

Name (first, last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cellular: \_\_\_\_\_

Insurance Carrier

Name of Health Insurance: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Coverage Start Date: \_\_\_\_\_ Coverage end Date: \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

Relation to the insured: \_\_\_\_\_

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



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### **Tuition Contract/Refund Policy/Class Cancellation**

Tuition is based on the number of weeks of the program, with either a six-week or 3-week course of instruction available. Tuition is: 6-week course, \$1,825.00 (Intermediate and Advanced); 6-week course, (Beginners), \$1,425.00; 3-weeks course, (All Levels) \$1,075.00.

There is a registration fee of \$200.00 paid by all students regardless of length of course is due upon registration along with a \$450.00 Tuition Deposit. The cost for housing and meals is \$3000.00 for our 6-week program and \$1700.00 for the 3-week. You may elect to pay tuition with one payment to receive a 10% tuition discount, payable no later than April 25, 2015. You also may pay in 3 payments with the last payment due on June 1, 2015. Payment may be by check or credit card. Please provide credit card information by calling our office Monday-Friday 2:00pm -7:00pm EST, 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 501 N. Beneva Road, Suite 700, Sarasota, FL 34232.

\*Please Note: Regardless of method of payment, a credit card number must be on file for every student.

Room and board (\$3000 at the Apartment) performance/costume fees, master classes, auditions, private classes, etc. are billed separately, are non-refundable, and are due upon receipt. Please note: By entering this contract you are committing to the entire Summer program inclusive of tuition payments, Room and board payments (where applicable), classes, rehearsals, and performance participation.

It may occasionally 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 the missed class in a timely fashion. Tuition will *not* be pro-rated for student absences. Students will be allowed to 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 Director upon notification. Tuition 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 Showcase and/or Gala performance.

**I've 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, 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



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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 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 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 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**

#### **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. Casting for the Gala will be posted the 4<sup>th</sup> week of the intensive and will be subject to change upon the discretion of the faculty and 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.

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**Credit Card/Debit Card Information**

**Regardless of your 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 the card: \_\_\_\_\_

Credit Card No: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ROOM AND BOARD**

Program attending:

\_\_\_\_\_ 6 Week Intensive Program (June 19<sup>th</sup> – July 29<sup>th</sup>, 2017)

\_\_\_\_\_ 3 Week Intensive Program (June 19<sup>th</sup> – July 8<sup>th</sup>, 2017)

\_\_\_\_\_ Other duration (Please request in writing to Wilman Hernandez if you need to attend other than 3 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*)



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I would like to room with the following people:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

### **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-week Beginner course (\$1425.00) with a 10% discount of \$142.50 for a total of \$1282.50
- \_\_\_\_\_ Full-tuition payment for a of 6-week Intermediate/Advanced) course (\$1825.00) with a 10% discount of \$182.50 for a total of \$1642.50
- \_\_\_\_\_ Full tuition for 3-week course (\$1075) with a 10% discount of \$107.50  
For a total of \$967.50



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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*