



VITACCA

VOCATIONAL SCHOOL FOR DANCE

Adult Ballet Registration Form 2023-24

Vitacca Vocational School for Dance
9391 Grogans Mill Rd., Ste. B1
The Woodlands, TX 77380
WoodlandsAdmin@VitaccaDance.com

Please complete all requested information and return to Vitacca onsite, by mail or email prior to first day of class.

DANCER'S INFORMATION

Dancer's Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Birthdate: _____ Gender: _____
Cell Phone #: _____ E-mail: _____

AGREEMENTS AND RELEASE

Please initial to notate acknowledgement and agreement.

_____ All tuition and fees are non-refundable (includes paid full year tuition, and all other fees). (In the case of serious illness or injury, exceptions may be made at the discretion of the School.)

_____ By registering you agree to attend one, 6-week session. The 2023-2024 Sean includes six sessions.

_____ Classes start on August 16, 2023 and will end on May 15, 2024. Makeup classes are available within Adult Ballet on Wednesdays until **May 15, 2024**. There are no rollover classes offered after May 15, 2024.

_____ Covid-19 Release Statement #1- Vitacca Vocational School for Dance (Vitacca Dance) has put in place heightened cleaning measures to reduce the spread of Covid-19. However, Covid-19 has been proven to be highly contagious and asymptomatic in some persons. Therefore, Vitacca Dance cannot guarantee that you or your child(ren) will not become infected with Covid-19. Further, attending Vitacca Dance could increase your risk and your child(ren)'s risk of contracting Covid-19. By initialing you acknowledge the contagious nature of Covid-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by Covid-19 by attending Vitacca Vocational School for Dance, Woodlands, and Houston locations and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

_____ I understand as of June 20, 2021, masks will be optional at Vitacca Vocational School for Dance Houston and Woodlands.

Participation Release Agreement

_____ In consideration for receiving permission to participate in this class, or any and all activities related thereto, including but not limited to travel between sites or locations ("Activities"), I hereby release, indemnify, and covenant not to sue Kelly Ann Vitacca, Vitacca Vocational School for Dance, Houston or Woodlands, and any associates or employees thereof ("Releasees"), for any and all claims, costs and causes of action for property damage or personal injury, sustained by me while participating in Activities, whether arising from statute, code, ordinance, tort, common law or other source.

_____ I acknowledge that Activities I will perform may be physically strenuous. I know of no physical or mental condition, which would preclude or inhibit my full participation in Activities. I am fully aware of the risks and hazards involved with Activities, including but not limited to slips, trips, falls, breaks, heat stroke, heart attack, exhaustion, dehydration, and other related injuries. I choose to voluntarily participate in Activities with full knowledge that they may be hazardous to my property and me.

_____ I understand that Releasees do not maintain any insurance policy covering any circumstance arising from my participation in Activities or any event related to that participation. I am aware and understand that I should obtain and review my personal insurance coverage.

In signing this release, I acknowledge that I have read and understood the Release, that I am at least eighteen (18) years of age and fully competent.

Photo | Video | Release Agreement

_____ In consideration of good and valuable considerations, the receipt of which is hereby acknowledged, I hereby grant to Vitacca Vocational School for Dance, Woodlands, its nominees, designees, successors and assigns, or those for whom they are acting, the absolute right and permission to copyright, and/or use, and/or publish photographs/videos of my class, or in which I may be included in whole or in part, or composite, or distorted in character or form, in conjunction with my own or any other picture/video or reproductions thereof made at its studios or elsewhere, for art, advertising, business or trade, news reporting, social media, website, or any other lawful purpose whatsoever. I hereby waive any right that I may have to inspect and approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

School Training Program - Division D

Session Selection:

All classes will meet on Wednesdays from 9:45 am – 11:00 am. Please check which session(s) you want to register for.

- Session 1: 8/16, 8/23, 8/30, 9/6, 9/13, 9/20
- Session 2: 9/27, 10/4, 10/11, 10/18, 10/25, 11/1
- Session 3: 11/8, 11/15, 11/29 12/6, 12/13, 1/3/24
- Session 4: 1/10, 1/17, 1/24, 1/31, 2/7, 2/14
- Session 5: 2/21, 2/28, 3/6, 3/20, 3/27, 4/3
- Session 6: 4/10, 4/17, 4/24, 5/1, 5/8, 5/15

Tuition and Payment Requirements:

To reserve a space in the class(es) you have selected above you must:

Enclose the required tuition payment with this registration form.

**Forms of payment accepted:
cash, check, Visa,
MasterCard**

Amount due at the time of registration:

- \$165 per session if registering for 1, 2 or 3 sessions
- \$150 Discounted rate for Additional 4th, 5th or 6th sessions

I want to register for _____ # of sessions for a total of \$ _____.

Health Information

Please list any allergies: _____

Please list additional health information if necessary:

I hereby give my permission to Vitacca Vocational School for Dance personnel to authorize any minor emergency medical treatment that may be required during Vitacca Vocational School for Dance program. I understand that I am responsible for all charges because of such care and medical treatment.

Name of Participant : _____

Signature: _____ Date: _____

Payment Information

I understand that all tuition and fees are NON-REFUNDABLE. I also understand make-ups for missed classes are based on availability.

Name on Credit Card: _____ Card Type: _____ (Amex and Discover **not** accepted)

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Credit Card Number: _____ Expiration: _____ Credit Card ID #: _____

An NSF fee of \$25 will be applied to all declined payments.

Signature: _____ **Date:** _____