

Ballet Arts Centre Summer Intensive 2021

				Applica	nt Information				
Dancer's Name:	11			T'est			DOB:		Age:
Parent's Name:	Last			First			Cell:		
	Last			Mother	Father				
Address:									
	Street Address								
	City					State	ZIP	Code	
Home Phone:					_ Email <u>:</u>				
Circle the da	tes attending:		July 5 - 9		July 12 - 16	July 1	9 - 23		
Do you have any dance YES experience?		# of years	NO	Do you have any	allergies or heal	th issues?	YES	NO	
How did you	hear about us?				If yes, explain?				
Circle your t-	shirt size:	Child	size: Small	Medium	Large	Adult size: \$	Small Medi	um Larç	je
or more week water and add ballet. Pink, to over tights for taken in bare	s 10% off of tuit ditional snacks wan or black tights classes other the feet so convertib	ion for sivill be avectorial controls in the control in the con	iblings. Dance vailable for pu worn for othe et. Dancers w s are preferre	ers will need rchase. The er classes. Bi vill need balle d. Hair needs	om 9am until 3:30pm. to pack a lunch daily attire for the intensive ke shorts, jazz pants at shoes, pointe shoes to be secured in a b 3:45pm. If you will be	and will be provide is a solid colore or form fitting sin s (if applicable) a un. Studio doors	ded one snac d leotard and nple cover up nd jazz shoes will open ead	k per day. pink tights s are acce s. Modern ch day at 8	Bottled s for ptable will be
☐ I have co	ompleted and s nclosed payme	igned to the for \$ ass for	he medical i	nformation to	Summer Intensive. and liability release reserve my spot an Il be attending. (\$5	d understand th			_
Signatur	e:					Da	ite:		

BALLET ARTS CENTRE MEDICAL INFORMATION AND LIABILITY RELEASE FORM

Father's Name Mother's Contact Information Emergency contact when neither parent can be reached: Please list any allergies, medications or health issues: I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH BALLET ARTS CENTRE OF JAX, INC. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participate on in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity. Hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, illness (Covid-19), disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity. THE FOLLOWING ENTITIES OR PERSONS: Ballet Arts Centre of Jax, Inc. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers caused by the negligence or falses or otherwise. Including by way of example and not limitation, any risks that may arise from negligence or release or otherwise. Including by way of example and not limitation, any risks that may arise from negligence or carclessessors on the persons or entities being released, from danagerous or defective equipment or property owned, maintained, or controlled by them, or because of their	DANCER'S NAME	D.O.B
Emergency contact when neither parent can be reached: Please list any allergies, medications or health issues: I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH BALLET ARTS CENTRE OF JAX, INC. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate in this activity. Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate in this activity. Including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, illness (Covid-19), disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Ballet Arts Centre of Jax, Inc. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers. (B) NDEMINY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. Including by way of example and not Illinitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from da	PARENT CONTACT INFORMATION:	
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ARTS CENTRE OF JAX, INC. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participate in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, illness (Covid-19), disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Ballet Arts Centre of Jax, Inc. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers. (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence or felease or otherwise. Including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I hereby consent to receive and pay for medical treatment, which may be deemed advisable in the event of injury, acci	Please list any allergies, medications or health iss	ues:
Parent's Signature Date	ARTS CENTRE OF JAX, INC. I certify that I am phy and have not been advised to not participate by a qual problems, which preclude my participation in this acti I acknowledge that this Accident Waiver and Release the activity in which I may participate, and that it will In consideration of my application and permitting me administrators, heirs, next of kin, successors, and assig (A) I WAIVE, RELEASE, AND DISCHARGE from negligence or fault of the entities or persons release damage, property theft, or actions of any kind which THE FOLLOWING ENTITIES OR PERSONS: Bay volunteers, representatives, and agents, and the actin (B) INDEMNIFY, HOLD HARMLESS, AND PRO any and all liabilities or claims made as a result of protherwise. Including by way of example and not ling the persons or entities being released, from dangeror them, or because of their possible liability without for I hereby consent to receive and pay for medical treatmillness during this activity. If understand while participating in this activity, I may for any legitimate purpose by the activity holders, pro The Accident Waiver and Release of Liability Form s permissible under applicable law. We, the undersigned, and parent(s) of	sically fit, have sufficiently prepared or trained for participation in this activity, fied medical professional. I certify that there are no health-related reasons or vity. of Liability Form will be used by the event holders, sponsors, and organizers of govern my actions and responsibilities at said activity. o participate in this activity, I hereby take action for myself, my executors, and any and all liability, including but not limited to, liability arising from the I, for my death, illness (Covid-19), disability, personal injury, property may hereafter occur to me including my traveling to and from this activity, let Arts Centre of Jax, Inc. and/or their directors, officers, employees, rity holders, sponsors, and volunteers. MISE NOT TO SUE the entities or persons mentioned in this paragraph from articipation in this activity, whether caused by the negligence of release or itation, any risks that may arise from negligence or carelessness on the part of as or defective equipment or property owned, maintained, or controlled by ault. ent, which may be deemed advisable in the event of injury, accident, and/or be photographed. I agree to allow my photo, video, or film likeness to be used ducers, sponsors, organizers, and assigns. hall be construed broadly to provide a release and waiver to the maximum extension.
	Parent's Signature	Date
Agent for Ballet Arts Centre Date Received	Parent's Signature	Date
	Agent for Ballet Arts Centre	Date Received

1621 Camden Ave. Jacksonville, Florida 32207 904-399-5687 www.balletartscentre.com