

COVID-19 Release and Permission to Dance in a Studio Setting

I _____, knowingly consent to have my child or myself (teacher) participate in the dance program at Academy of Ballet Inc. and or Academy Performing Ensemble Inc. (non-profit 501-C) Studio, located at 6470 Spalding Drive Peachtree Corners during the COVID-19 pandemic. The undersigned does now and forever discharge Academy of Ballet Inc. and or Academy Performing Ensemble Inc. (non-profit 501-C), and its directors and staff of and from all manners of actions, suits, damages, claims, demands, whatsoever in law or equity from any loss or damage to the undersigned, their minor children or self's property or personal injury which may occur while participating in any activity related to this event. Additionally, the undersigned grants permission for the Academy of Ballet Inc. and or Academy Performing Ensemble Inc. (non-profit 501-C) to use any photos taken during the program for publicity or on Academy of Ballet Inc. and or Academy Performing Ensemble Inc. (non-profit 501-C) website, social media, and advertisement and materials.

_____ Initials Parent/Guardian/Staff Member

I permit my child or myself to be given a temperature check at the beginning of each day. I agree to have my child's or myself's the temperature recorded with my full name. I agree that the information collected will determine if my child or myself will be allowed into the studio or not.

If the information gathered related to my child's or my health is needed by a government entity, health professional, or other organizations involved in tracking the COVID-19 virus.

I give consent for the information to be released to those organizations.

_____ Initials Parent/Guardian/Staff Member

I do not consent for it to be released to anyone but myself, the Parent/Teacher.

_____ Initials Parent/Guardian/Staff Member

I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19.

_____ Initials Student/Staff Member

_____ Initials Parent/Guardian

I verify that I have taken all precautions necessary and have not, to my knowledge, been exposed to Covid 19 while traveling domestically within the United States by commercial airlines, bus, or train within the last 14 days.

_____ Initials Student/Staff Member

_____ Initials Parents/Guardian

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious.

I understand that the nature of dance/physical activity does not allow social distancing at all times, nor can the use of masks be mandatory. SEE The Dance USA Task Force on Dancers Health.

I understand that the federal, state, and local health authorities CDC, OSHA, and Georgia Department of Health recommend social distancing of 6ft. I know that my child or myself is responsible for following the social distancing rules that have been put in place by the studio. I understand that my child or myself have a chance of encountering some social distancing that will be less than 6ft apart.

_____ Initials Student/Staff Member

_____ Initials Parent/Guardian

I understand that my child or myself will be sent home and follow the guidelines set forth by the CDC, OSHA, and Georgia Department of Health before being allowed to return.

- Dancers with symptoms or fever will be sent home.
- All dancers and staff should be self-monitoring their symptoms.
- Checking for fever > 100.4
- Anyone who develops symptoms should leave immediately, seek care from their physician, and isolate.

To help prevent the spread of contagious viruses and help protect each other, I understand that my child and I will have to follow the studio guidelines.

_____ Initials Student/Staff Member

_____ Initials Parent/Guardian

Review of any symptoms that could be attributed to COVID-19.

- Cough, difficulty breathing, sore throat, an unusual headache, unexplained muscle, and joint pain, chills, fever, nausea, vomiting, diarrhea, loss of sense of smell, pink eye
- Signs of increased fatigue
- Review of other possible symptoms and feeling unwell
- Anyone with symptoms or fever will be sent home, report to their physician, and isolate themselves.
- The same procedures should be applied to all employees entering your location.
- All dancers and staff should be self-monitoring their symptoms.

SESSION I, II and III REGISTRATION FORM FOR ACADEMY OF BALLET

2021-2022 DANCE SEASON

Sessions are for ages 2 ½ - 3 and 3-4 years ONLY

Academy of Ballet 6470 Spalding Dr., Suite E Peachtree Corners GA 30092 www.academy-ballet.com

Twitter @Academy-Ballet, Instagram @Academy-Ballet, Facebook: Facebook.com/aobpc

Email: misscathy350@gmail.com 770-242-6379 personal cell: 404-754-4412 text or leave message

Parent / Guardian _____

Cell: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

Email: _____

Emergency Contact # _____

STUDENT NAME: _____

Age: _____ Date of birth: _____

Requested Class: _____

Day: _____ Time: _____

NOTE: Classes session and rates are ONLY for 2 ½-3 and 3-4 years of age. Demonstrations are held on the last day of each session in the Academy of Ballet dance studio. Scheduled classes and teachers are provisional and subject to change. Academy of Ballet reserves the right to change the class or the teacher at any time during the session. Classes must have at least six students to be confirmed.

2 ½-3 Yrs (45 minute class)

Session I \$185.00

Session II \$185.00

Session III \$80.00

1x registration fee of \$ 65.00

Saturday 9:30-10:15 am Pre-Ballet / Creative Movement

2.5-4 years (1 hour class)

Session I \$230.00

Session II \$230.00

Session III \$105.00

and registration fee 1x \$ 65.00

Saturday 10:15-11:15 am Ballet / Acro

Dress code: Girls Pink Leotard, Pink Tights (convertible), Pink Ballet Slippers Boys-white t-shirt, black ballet slippers, Black tights, shorts, or leggings

(Dance Supplies visit Dance Fashions Superstore or Center Stage)

** Start dates are subject to change **

Session I...12 Weeks

Sat August 28-Nov 20

Session II...12 Weeks

Sat. Jan 8-March 26

Session III...5 Weeks

Sat April 16-May 14

2021-2022

Sessions and 1x fees Payment Authorization Form

Academy of Ballet 6470 Spalding Drive Suite E Peachtree Corners, Georgia 30092

Phone Number: 404-754-4412 cell or 770-242-6379 aob.billing@gmail.com

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express. Just complete and sign this form to get started!

Session payments and or 1 time Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges
-
- Here's How Session and 1 time Payments Work:
-
- You authorize scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated on registration form/Trial Class form or one time fee of any kind. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Academy of Ballet, Inc. to charge my credit card for the registration fee 1x per year. 1x fee for each Session, and or 1 time payments at the time of registration, and or 1x payments when they are due.

Billing Address _____ City, State, Zip _____

Phone# _____ Email _____

Choose one of the ways to pay:

1). Checking Account

Name on Acct _____

Bank Name Account Number _____

Bank Routing # _____

Bank City/State _____

OR

2). Savings Account # _____

OR

3). Credit Card

Visa MasterCard Amex

Cardholder Name _____ Account Number _____

Exp. Date _____ CVV (3 digit number on back of card) _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Academy of Ballet, Inc. in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. **Withdrawals after March 31st will be subject to full month tuition for both April and May.**

For WAVE debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a WAVE Transaction being rejected for Non Sufficient Funds (NSF) I understand that Academy of Ballet may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of WAVE transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Initial _____