

**Atlantic Ballet & P2PDance
Tuition & Registration Form
2016-2017**

Student
Last Name _____ First Name _____

Age _____ Birth Date _____ Current Grade _____

Parent (Guardian Names) _____

Physical Address

Address _____ State _____ Zip Code _____

Mailing Address

Address _____ State _____ Zip Code _____

Telephone _____ Cell Phone _____

Student Email _____ Parent Email _____

Class/Classes _____

P2P Dance Fee Schedule

Payment by the class is \$13.50

**Session Payment must be made in full by week two of session
to be eligible for discounted pricing.**

Tech Classes Per Week	Point Classes Per Week	Cost Per Class	12 wk Session	13 wk Session	14 wk Session	15 wk Session	Registration Fee
1		\$ 12.50	\$ 150.00	\$ 163.00	\$ 175.00	\$ 188.00	\$ 20.00
2		\$ 10.00	\$ 250.00	\$ 260.00	\$ 280.00	\$ 300.00	\$ 20.00
3		\$ 9.40	\$ 338.00	\$ 367.00	\$ 395.00	\$ 423.00	\$ 20.00
2	2	\$ 8.75	\$ 420.00	\$ 455.00	\$ 490.00	\$ 525.00	\$ 20.00
5		\$ 8.30	\$ 498.00	\$ 540.00	\$ 581.00	\$ 623.00	\$ 20.00
3	3	\$ 7.85	\$ 565.00	\$ 612.00	\$ 659.00	\$ 707.00	\$ 20.00
7		\$ 6.75	\$ 567.00	\$ 614.00	\$ 662.00	\$ 709.00	\$ 20.00
4	4	\$ 6.24	\$ 599.00	\$ 649.00	\$ 699.00	\$ 749.00	\$ 20.00

**P2P Dance Studio & Atlantic Ballet Company
Liability Waiver and Acknowledgment of Risk:**

READ AND SIGN BELOW

**REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND
MUST BE COMPLETED BEFORE CLASS**

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death.

I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of P2P Dance Studio & Atlantic Ballet Co. classes, rehearsals, performances, or activities.

I also exempt, release, and indemnify P2P Dance Studio & Atlantic Ballet Co., its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by P2P Dance Studio and Atlantic Ballet Co.

I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold P2P Dance Studio and Atlantic Ballet Co., its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death.

I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Permission is granted P2P Dance Studio & Atlantic Ballet Co. to use photographs of students for publicity purposes.

I have read, understood and agree to be bound by the above statement (please print your name, sign & date):

PRINTED: _____

SIGNED: _____

If under 18, parents or legal guardian must sign

FOR: _____

Name of Student

DATED: _____