



Infinity Ballet Conservatory

3462 Apex Peakway Apex, NC 27502 919-303-1105

Student Registration Information Current Season/Year _____

Past Students please verify contact information

Please Make Checks Payable to **Infinity Ballet**

Name (student): _____

Has this student or a family member been a student at IBC in the past? This Student: Yes () No ()

Year this student originally enrolled _____

Other family Members: Yes () No () Year originally enrolled _____

Names of additional family members currently active in classes? _____

Parent Name(s): _____

Home Address: _____

Phone Numbers: Home _____ Mobile _____

Email Address: <<emailaddress>> _____

Student's Birthday/Age: _____ Student's School & Grade _____

Medical Issues:

Medications: _____

Class Name (s): _____

Day & Time: _____

Previous Dance Experience: _____ Interest in Performing

Yes () No () Maybe ()

Clothes/ Shoe Size: Top: _____ Bottom: _____ Shoe: _____

Help us best serve the community by telling us how you heard about Infinity Ballet.

Magazine/Publication Name: _____ Yellow Pages (Please Circle): Raleigh – Apex

Internet: _ Referral: _____ Other (specify): _____

Thank you for choosing Infinity Ballet Conservatory for your Dance Lessons!

I acknowledge that I have read and agree with the Infinity Ballet Conservatory Waiver form (see back).

SIGNATURE REQUIRED FOR CLASS PARTICIPATION

***Parent /Student (over age 18) Signature _____ Date _____**

Office Use Only

| \$40 Registration | Date Reg. | Total Weeks | Discount | Pd In Full Hrs of Lessons/Wk | Hrs of Lessons/Wk | Contract | Coupon |
|-------------------|-----------|-------------|----------|------------------------------|-------------------|----------|--------|
| | | | | | | | |

Studio Manager _____ Date Tried _____ Class/Day/Time _____ Teacher _____

Invoiced 1st _____ wks _____ Total Pd _____ Split. _____ Ck #/Cash _____

Invoiced 2nd _____ wks _____ Total Pd _____ Split. _____ Ck #/Cash _____

Invoiced 3rd _____ wks _____ Total Pd _____ Split. _____ Ck #/Cash _____

Invoiced 4th _____ wks _____ Total Pd _____ Split. _____ Ck #/Cash _____



Infinity Ballet Conservatory

Annual Registration Fee: \$40.00 per student. Our family discount plan will apply 10% off of tuitions if more than one student is registered. Separate Registration Forms are to be filled out for each student.

| Hours/Week | Cost/Week |
|------------|-----------|
| 45 minutes | \$14.75 |
| 1 | \$15.75 |
| 1.5 | \$21.00 |
| 2 | \$25.50 |
| 2.5 | \$29.75 |
| 3 | \$34.00 |
| 3.5 | \$36.50 |
| 4 | \$40.75 |
| 4.5 | \$44.75 |
| 5 | \$50.00 |
| 5.5 | \$52.25 |
| 6 | \$56.50 |
| 6.5 | \$60.50 |
| 7 | \$64.50 |
| 7.5 | \$68.50 |
| 8 | \$72.50 |
| 8.5 | \$76.50 |
| 9 | \$80.75 |
| 9.5 | \$84.75 |
| Unlimited | \$88.75 |

Tuitions are due in full one week prior to each ten week quarter. Monthly credit card Payment Plans available. There is no charge for a trial and placement lesson at the Conservatory. Call 919-303-1105 for arrangements.

Work Scholarships are given by audition.

**ADULT SINGLE CLASS RATE:
Registration Fee not required**

| | |
|------------------------|----------------|
| One Hour Lesson | \$17.00 |
| 1 ½ Hour Lesson | \$22.00 |
| 2 Hour lesson | \$27.00 |

Class Cards are available for Adults, valid for Nine Months. Receive 10% Off when you buy six lessons. Receive 15% off when you buy ten lessons. Receive 20% off when you buy twenty lessons.

I understand and agree to the following Infinity Ballet Waiver Form

1. Tuition payment for Infinity Ballet Conservatory (IBC) is to be paid on the date of registration and on the due date, one week prior to the beginning of each quarter. Late payment fees will apply after this date. Payment is to be made to Infinity Ballet. **No refunds will be issued for missed lessons.** Make-ups are available for illness, injury and inclement weather during other class time to be approved by the teacher. **IBC “does not” follow Wake County School Holiday Schedule.** Check the calendar for scheduled closing dates. We will leave a message on our machine for inclement weather closings.
2. This Registration Fee is non-transferable and non-refundable. The registration is required for all students.
3. Refund/Credit policy: IBC must receive “in writing” a request stating the reason for a refund within thirty days of a new student registering for the first time at IBC. Credit will be granted, for extreme illness with a doctor’s request or in the case of necessary situations that occur, after the 30 days at the discretion of the directors. **Refunds will not be made after 30 days from initial registration.**
4. **RELEASE:** The undersigned student, parent's and or guardian of the student hereby release and waive any and all claims against Infinity Ballet owners, directors, teachers and or employees for any liability for injuries, including personal and bodily injury, to the person or persons related to student or the damage of property of the person or persons related to student which may occur while participating in the activities, activities sponsored by, or in or surrounding the physical building of Infinity Ballet Conservatory unless said injures or damage is caused by the negligence of Infinity Ballet or any of its employees. The undersigned represents that the student is in good health and does not have any history of a medical or physical condition (unless specified in registration form) that would place the student at risk because of his/her condition. The undersigned further acknowledges that the student’s instruction involves physical exercise and physical stress which could result in physical injury of the student.
5. I agree to notify Infinity Ballet Directors of any medical condition that may occur and/or medications prescribed during the time the student is participating in dance lessons or activities with Infinity Ballet. I agree to notify Infinity Ballet Directors if I give permission for the student to leave or car pool with someone other than indicated on the registration form.
6. I hereby give permission for images of my child, captured by infinity Ballet photographers and videographers during rehearsals, performances, classroom lessons and programs to be used solely for the purposes of infinity Ballet material and publications, and waive any rights of compensation or ownership thereto.

Signature (Parent or Guardian if 18 yrs or younger) _____ Date _____