



BALLET ACADEMY

Required Student Uniform Leotard Order Form
\$50 per leotard

NAME: _____

LEVEL: _____

LEOTARD COLOR: _____

OPTIONAL BLACK LEOTARD only for Pre-Professional \$65: _____

(Pre-Professional level may wear as uniform everyday)

SIZE CIRCLE ONE: S INT M L S-ADULT M-ADULT L-ADULT

QUANTITY: _____

AMOUNT PAYED: _____



BALLET ACADEMY

ARTISTIC DIRECTOR KAREN HIRST KENNEDY

REGISTRATION FORM:

STUDENT NAME: _____

STUDENT AGE/DATE OF BIRTH: _____

PARENTS NAME: _____

ADDRESS: _____

PHONE NUMBERS: _____

E-MAIL: _____

LEVEL/NUMBER OF CLASSES PER WEEK: _____

MONTHLY/SEMESTER/YEARLY PAYMENT: _____

I AUTHORIZE BALLETB&BEYOND TO PHOTOGRAPH AND OR VIDEO MY CHILD TO BE USED FOR ADVERTIZING PURPOSES AND OR TO BE PUT ON THE INTERNET.

PARENT AUTHORIZATION SIGNATURE: _____

PLEASE LIST ANY ALLERGIES OR HEALTH PROBLEMS YOUR CHILD MIGHT HAVE THAT WE SHOULD KNOW: _____



BALLET ACADEMY

OFFERING PROFESSIONAL DANCE TRAINING

Artistic Director:
Karen Hirst Kennedy

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY 2024-2025

_____, Parent of _____ (student), agrees that the student’s use of Karen Hirst Kennedy / Ballet & Beyond facilities, equipment, services, or premises may involve risk of injury to persons, including those injuries described below. Student and Parent assume full responsibility. Parent and Student hereby release Karen Hirst Kennedy / Ballet & Beyond, its employees, and agents harmless from all liability for any loss or damage, for injury to Student, whether caused by the active or passive negligence of Karen Hirst Kennedy / Ballet & Beyond. Student agrees to indemnify Karen Hirst Kennedy / Ballet & Beyond for any loss, liability, damage it may incur due to the presence of the Student in, upon or about Karen Hirst Kennedy / Ballet & Beyond premises, facilities, services or equipment. Parent represents that (a) the Student is in good physical condition and has no disability, illness, or other condition that could prevent Student from exercising without injury or impairment of health, and (b) that Student has consulted a physician concerning an exercise program that will not risk injury to student or impairment of Student’s health. The risk of injury may include injuries arising in participation by Student in supervised or unsupervised activities at the school; injuries and medical disorders arising from exercising at the premises such as sprains, broken bones, torn ligaments, torn muscles, heart attacks and strokes and accidental injuries occurring anywhere at the School. Parent agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad as is permitted by laws of the State of Florida and that if any portion is held invalid, it is agreed that the balance shall continue in full force and effect.

Parent
Signature _____ Date: _____

BALLET&BEYOND
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14190 SW 77th Ave Miami, Florida 33158
Artistic Director : Karen Hirst Kennedy