



# Chrystie Street Ballet Academy

55 Chrystie Street Suite 308, New York, NY 10002 | Tel/Fax: (212) 219-9969

## CLASS REGISTRATION FORM 注册表

Please fill out form and mail or drop-off at Chrystie Street Ballet Academy 此表填好后可郵寄或遞交至本校

Student's First Name 學生名字 \_\_\_\_\_ Last Name 姓 \_\_\_\_\_  Male男  Female女

Home Address 家庭地址 \_\_\_\_\_

Apt. 公寓號 \_\_\_\_\_ City城市 \_\_\_\_\_ State 州 \_\_\_\_\_ Zip 郵區編號 \_\_\_\_\_

Home Phone 家庭電話 \_\_\_\_\_ Cell/Day Phone 手機或日間電話 \_\_\_\_\_

Date of Birth (mm/dd/yyyy) 出生日期 (月/日/年) \_\_\_\_\_ Student Age 學生年齡 \_\_\_\_\_

Emergency Contact Name 緊急聯系姓名 \_\_\_\_\_ Relation 與學生關係 \_\_\_\_\_

Emergency Contact Home Phone 緊急聯系人家庭電話 \_\_\_\_\_

Emergency Contact Cell/Day Phone 緊急聯系人手機或日間電話 \_\_\_\_\_

Known Allergies/Physical Limitations 學生已知過敏/身體局限 \_\_\_\_\_

Mother's Name 母親姓名 \_\_\_\_\_ Phone 聯系電話 \_\_\_\_\_

Father's Name 父親姓名 \_\_\_\_\_ Phone 聯系電話 \_\_\_\_\_

Email 電子郵件地址 \_\_\_\_\_

Adults authorized to pick up student 指定接送人姓名 \_\_\_\_\_

How did you hear about us? 您是如何知道到我們的? \_\_\_\_\_

What school is your child attending? 您的孩子目前就讀哪所學校? \_\_\_\_\_

Notes/Comments 備注 \_\_\_\_\_

### CLASS INFORMATION 課程信息

Fall 2010 / 2010秋季班      Summer 2010/ 2010夏季班:  Session 1 一期課程  Session 2 二期課程

Spring 2010/ 2010春季班       Trial Class / 試聽班

Day 日期 \_\_\_\_\_ Time 時間 \_\_\_\_\_ Class 課程 \_\_\_\_\_

Day 日期 \_\_\_\_\_ Time 時間 \_\_\_\_\_ Class 課程 \_\_\_\_\_

# CHRYSTIE STREET BALLET ACADEMY GUIDELINES

## 企士提芭蕾舞藝術舞校細則

The Academy reserves the right, prior to the first class or after, to cancel a course due to insufficient registration, with full refund. 本校有權在每一課程開始前后因註冊人數不足而取消該課程, 並退回全部學費。

### REFUNDS 退款

Requests for class refunds made prior to the third week of classes will be considered. All requests must be submitted in writing. No refunds or credits will be given after the third week of classes began. Course fees are not transferable. The registration fee and payment for classes taken are not refundable. Please allow 2-4 weeks for processing. For students that enroll part-way through the semester, this policy applies to the third week of classes after the first class taken.

我們只接受在課程開始后的第三周之前提出的退學費要求。要求須以書面形式提出。開課三周以后, 學費一概不退或不轉。學費不可轉讓。註冊費及上過的課程學費不可退還。退費處理時間需2至4周。對於開學后才註冊的學生, 退學費要求要在他們上了第一堂課后的第三周內提出。

### MAKE-UPS 補課

Students enrolled may attend another age and level-appropriate class offered based on availability. Three (3) makeup classes allowed per student each semester. All make-ups must be scheduled in advance with the appropriate program director. Make-ups must be used during the course session in which the original class was missed.

如名額允許, 註冊過的學生可以參加另一年齡, 水平相當的班級。每位學生每學期最多可補三堂課。有補/換課要求的學生必須提前與相應的導師協調好上課時間。所有補/換課必須與原報名的課程屬於同一學期。

### MEDICAL RELEASE AND ASSUMPTION OF RISK (FOR ANY STUDENT PARTICIPATING IN A CLASS) 身体風險承擔与權利放棄聲明(适用于所有參與班級練習的學生):

By the very nature of dance, movement and fitness related courses and other activities available at the Academy carry a risk of physical injury. No matter how careful the participant and the instructor are, no matter how many assistants are used, no matter the ideal conditions, the risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. Dance, movement and fitness related courses or any activity that involves motion, rotation and height in a unique environment, carries with it a reasonable assumption of risk.

由于舞蹈本身的特性, 本藝術舞校所教授的与身体活動, 健身有關的課程都存在一定的身體受傷的風險。不論與的學員和指導老師如何小心, 不論多少助理老師參與班級練習, 也不論場地多麼理想, 都不能完全將風險消除。受傷的風險包括微小傷害, 例如青腫, 重傷如骨頭斷裂, 骨骼脫位, 肌肉拉傷扭傷。風險還包括嚴重的傷害如永久癱瘓, 或甚至落地或后背, 頸或頭著地引起的死亡。舞蹈, 運動和健身相關的課程或任何在一特定環境中涉及到移動, 旋轉和高度的活動, 均帶有一定程度的受傷風險。

The Academy is bound by law to inform all participants and/or their -guardians of the risk involved in the activity of dance, movement and other fitness related activities in general. Anyone participating in programs at the Academy must sign the notice on the application, and adhere to the safety rules governing the Academy. In consideration for Academy's acceptance of the applicant, and in consideration of the applicant's opportunity to improve skills through the use of Academy's staff, equipment and facilities, those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless Chrystie Street Ballet Academy, its employees., and all others concerned, and to indemnify them against loss, intending to be legally bound.

本藝朮舞校遵照法律要求敬告所有學員及/或他們的監護人關於舞蹈, 運動和其他健身相關的活動大概涉及的風險. 所有參與本校課程的學員必須簽署申請表上的通知, 並遵守學校的安全守則. 体谅到本校對學員的接受, 体谅到學員在老師的指導下和使用場地設施的過程中可以提高水平, 那些註冊學生的法律監護人認識到受傷的相關風險, 並同意為所涉及的相關學生承擔風險責任, 更進一步同意保護和不傷害到企士提芭蕾藝朮舞校, 其雇員和所有其他有關各方的利益, 並應法律的約束, 賠償他們的損失.

I certify that the enrollee has no condition that prohibits full participation in the activities at the Chrystie Street Ballet Academy. I assume all ordinary risks when using the facilities and hereby release the Chrystie Street Ballet Academy, or any of its employees, for any injury or damage suffered in connection with said use of the aforementioned facility and its equipment. In case of emergency, if I cannot be reached, I authorize the Chrystie Street Ballet Academy, its agents and employees, to contact and secure necessary medical attention for me or in the case of a minor, my child.

我在此聲明報名者沒有任何身體狀況不適合參加企士提藝術舞校的課程活動. 我承擔所有在使用設施中的慣常風險, 並承擔因使用有關設施和設備所引起的傷害或損失, 並放棄追究企士提芭蕾藝朮舞校和其雇員的法律責任. 在緊急事故中, 若無法聯絡上我, 我授權企士提芭蕾藝朮舞校, 其代理人 and 雇員代我或我的小孩聯系並安排適當的醫療照顧.

Signature 簽名: \_\_\_\_\_

Name (Print) 姓名(印刷體書寫): \_\_\_\_\_

PHOTO/VIDEO RELEASE 發布照片或音像帶:

I authorize that the Chrystie Street Ballet Academy has the right to use all photographs or videos taken of me or my child during classes, etc. for advertising or promotional material.

我授權企士提芭蕾藝朮舞校有權用在上課其間所拍的有關我或我的小孩的照片或音像帶等作為廣告或市場推廣的材料.

Signature 簽名: \_\_\_\_\_

Name (Print) 姓名(印刷體書寫): \_\_\_\_\_

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**FOR OFFICE USE ONLY 內部使用 請勿填寫**

Date Received \_\_\_\_\_ Payment Type Cash Check

Trial Class: \_\_\_\_\_ Payment Type Cash Check