

Dear Parents and Dancers:

Thank you for your interest in our Summer Programs!

Our Summer Classes will run from June 29 to July 22. Classes will be on Tuesdays and Thursdays. You can register for the whole summer, by the week, or drop-in (if space is available). Cost is calculated based in how many classes you take in a week. For example, if you take Ballet on Tuesday and Jazz on Thursday, that is considered two classes. If you take Ballet and Lyrical on Tuesday, and Ballet on Thursday, that is 3 classes.

Summer Class Tuition

Cost for the 4 Week Session		Cost by the Week	
1 class	\$55	1 class	\$20
2 classes	\$80	2 classes	\$30
3 classes	\$105	3 classes	\$40
4 classes	\$125	4 classes	\$45
5 classes	\$145	5 classes	\$50
6 classes	\$165	6 classes	\$55
7 classes	\$185	7 classes	\$60
8 classes	\$200	8 classes	\$65

Strive is our Summer Intensive and will run July 26-28 and August 2-4. One week is focused on Ballet and the other on Jazz, but other disciplines are offered during each week. All students are invited to participate in one or both weeks of Strive. Dancers interested in joining the LaBelle Performing Arts Company must participate in both weeks of Strive and Audition. Auditions are on July 29 and August 5, both auditions are mandatory for prospective LPAC members. A detailed Strive schedule and price will be available when Master Instructor schedules are finalized.

If you are interested in registering for summer programs please print out and fill the attached registration and liability forms. Please note the date of the week(s) you would like to attend or write "Strive." If you are 18 and over, please email us for the Adult Liability Forms. Forms should be emailed to caroline@labelleperformingarts.com. Free apps, such as CamScanner, allow you to use your phone's camera to create a pdf of documents. Registration forms and payment can also be mailed to:

LaBelle Performing Arts
8253 Chellie Road
Pensacola, FL 32526

If you have a card on file with us, you can let us know and we can charge that card for your summer tuition. Otherwise, you will be emailed an invoice to the email address on your registration form. Payment can be made online through the invoice or at the studio on your first day of class. Please contact the front desk at 850-944-5650 with any questions.

We look forward to seeing everyone this summer!

LPA SUMMER REGISTRATION 2021

STUDENT'S NAME _____

HOME PHONE _____ PRIMARY CELL _____

CONTACT EMAIL ADDRESS _____

ADDRESS _____ CITY _____ ZIP _____

AGE _____ DOB _____ GRADE LEVEL _____ YEARS OF DANCE _____

PARENT/GUARDIAN _____ CELL _____

PARENT/GUARDIAN _____ CELL _____

EMERGENCY CONTACT(S)/PHONE(S) _____

HEALTH CONCERNS _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CLASS/DAY

PLEASE SPECIFY WHICH WEEK(S) YOU ARE TAKING



Child Liability Waiver and Photo Release

I, _____, have chosen to have my child(ren), _____, participate in instruction given by LaBelle Performing Arts ("LPA"). I acknowledge that I understand the nature of the activities my child will be participating in and that my child is in the proper physical condition and capable of participating in the related activities, understanding that LPA is not in any way responsible for making such a determination.

In consideration of my child(ren)'s enrollment in LPA's programs, I understand and agree on behalf of myself and my child(ren), to release, hold harmless, and discharge LPA for all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs for any occurrences in connection with any instruction. I assume all risks to my child(ren) in connection with any instruction, and further release LPA and its owners and employees from liability for any injury sustained by my child(ren) while he or she is enrolled in any instruction program, including all risks reasonably connected with such activity, whether foreseen or unforeseen.

I understand that LPA is not responsible for my child(ren) or other children under my supervision who are left unsupervised in the common areas and areas surrounding the studio and that LPA will only be supervising my child(ren) when he or she is participating in scheduled activities, programs or instruction.

I understand that LPA is not responsible for personal property that is lost, damaged or stolen while I or my child(ren) are at LPA or on LPA property.

I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance coverage which provides adequate coverage for me and my child(ren) participating in LPA activities and that LPA does not provide accident and health insurance for those participating in its instruction, activities or programs.

I authorize and agree that LPA may take and use photographs, videos or likenesses of me or my child(ren) as needed for its record-keeping, advertising and public relations projects and that I have no rights to the same and will not be compensated for the same.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS RELEASE.

Parent/Guardian's Name

Date

Parent/Guardian's Signature



Child COVID Liability Waiver

I, _____, have chosen to have my child(ren), _____, participate in instruction given at LaBelle Performing Arts (“LPA”) during the COVID-19 outbreak. I acknowledge that I understand the nature of the disease and the risk of infection.

I understand and agree on behalf of myself and my child(ren), to release, hold harmless, and discharge LPA for all claims, costs, liabilities, expenses or judgments, including attorney’s fees and court costs for any occurrences in connection with any instruction during the COVID-19 outbreak. I assume all risks to myself and my child(ren) in connection with COVID-19, and further release LPA and its owners and employees from liability for any injury or infection sustained by myself or my child(ren) while at LPA, including all risks reasonably connected with such activity, whether foreseen or unforeseen.

I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance coverage which provides adequate coverage for me and my child(ren) participating in LPA activities and that LPA does not provide accident and health insurance for those participating in its instruction, activities or programs.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS RELEASE.

Parent/Guardian’s Name

Date

Parent/Guardian’s Signature