

BAYOU BELLES SPIRIT MEMBERS REGISTRATION 2020

Written notification must be made to Bayou Belles Spirit by the fifteenth of the prior month to drop a class. Participants will be responsible for monthly tuition if written notification is not made on time. **Written notification is required to drop a class.**

REGISTRATION POLICY

- New members who register will pay a registration fee of \$35 per participant or \$60 per family and will not be eligible for registration renewal until October 2020. Registration renewal begins in October and goes through December
- New member registration includes completed registration forms, registration fee, and one month's tuition. No exceptions.
- All members will be required to keep an updated card on file, unless parent/guardian chooses to pay 3 or 6 months in advance. No exceptions.
- Registration is held on a first come, first serve basis, and classes will close when capacity is met. Interested parties can join a waiting list.

PAYMENT POLICY

- ****A CREDIT/DEBIT CARD MUST BE KEPT ON FILE—UNLESS THE ACCOUNT IS PAID AHEAD BY 3- 6 MONTHS. NO EXCEPTIONS!***
- Monthly tuition for all tumbling, dance, and cheer classes is \$55 per month.
- Tuition is due on fifth of every month. Automated drafts will be drafted on the 5th of every month.
- Any draft that is declined will result in an additional \$25 fee.
- A \$10 late fee will be required of any member who pays monthly tuition after the fifth of each month.
- Participants with delinquent accounts will not be allowed to participate in classes until accounts have been paid.
- Payments received in advance for a three month half-semester will be discounted ten percent. Payments received in advance for a six month semester will be discounted twenty percent.
- Any additional classes taken by participants and/or immediate family members will be discounted \$15 per class.

REFUND POLICY/DROPPING CLASSES

- Monthly tuition is non-refundable.
- No semester refunds will be made except in the case of serious illness or injury as documented by a medical doctor.
- Bayou Belles Spirit, LLC reserves the right to make final decisions regarding all refunds.
- Registration fees will be re-assessed for any participant who drops a class and re-enrolls.

MAKE-UP POLICY

- Unfortunately, Bayou Belles Spirit has limited classes and cannot offer make-up classes at this time.
- No refunds will be made for missed classes with the exception of serious illness or injury or extenuating circumstances.

ATTIRE

- Cheer/Tumbling attire: athletic shorts and t-shirt with athletic shoes; hair pulled back in ponytail. Please have girls of all ages wear a sports bra.
- Dance attire: black leggings and black leotard or black leggings with tight black tank top with nude jazz shoes. Please have hair pulled back in ponytail.
- Any athlete not wearing the appropriate shoes will not be allowed to participate in classes. This is for the safety of our athletes. No boots, Crocs, flip-flops, or sandals are allowed to be worn in tumbling or dance classes. Tumblers must wear shoes.
- All-Star teams will wear their designated practice clothes.

CONTACT

- Email questions to bayoubellespirit@gmail.com.
- For more information, contact Rebecca Galambos at 318-470-8330 or Sandy Hearron at 318-469-3337.

By signing below, I agree to all the above rules and regulations set by Bayou Belles Spirit, LLC. I understand that if rules are not followed, I can be denied services without refund. **I also understand that I must submit class withdrawals in writing to Bayou Belles Spirit by the 15th of the prior month to be eligible to withdraw from classes.**

Signature: _____ Date: _____

2019 BAYOU BELLES SPIRIT Registration Form

Participant's name _____ DOB: _____

New Member: _____ OR Former Member: _____ (Please check one)

_____ **Level 1 Tumbling** for kindergarten through 5th grade/\$55 per month

___ Mon from 6:00-6:55

___ Thurs from 5:00-5:5

___ Tuesday 5:00-5:55

___ Thurs from 6:00-6:55

_____ **Level 2-3 Tumbling** for kindergarten through 5th grade/\$55 per month

___ Monday from 7:00-7:55

___ Tuesday from 6:00-6:55

_____ **Level 2-3 Tumbling** for sixth grade and up/\$55 per month

___ Tuesday from 7:00-7:55

___ Thursday from 7:00-7:55

_____ **Cheer Prep Class**-3rd through high school on Wednesday at 7:00-7:55/\$55 per month (only offered Jan. through May)

_____ **Beginning Dance Line Prep Technique** for 3rd grades and up on Wednesday from 6:00-6:55/\$55 per month

_____ **Rhythm Belles** (Dance Technique) for K4-K5 on Tuesday from 5:00-5:55/\$55 per month

_____ **Beginning Jazz/Hip Hop Dance Class** for 1st-3rd grades on Tuesday from 6:00-6:55/\$55 per month

_____ **Beginning Jazz /Hip Hop Dance Class** for 4th – 8th grades on Thursday from 5:00-5:55/\$55 per month

_____ **Int/Adv Jazz/Hip Hop Dance Class** for 8th-12th grades on Monday from 5:00-5:55/\$55 per month
(instructor recommendation required)

_____ **Tumble Belles**—Introduction to Tumbling for three and four year olds/\$45 per month

___ Wed 5:00-5:45

___ Wed 6:00-6:45

Immediate family members will receive a \$15.00 monthly discount as part of our family plan, and participants who enroll in more than one class will also receive a \$15.00 discount.

PAYMENT INFORMATION: Bayou Belles, LLC will draft payments monthly, unless participants pay with cash or check three or six months in advance.

The dance classes will have optional recitals in June and December. Separate recital registration and costume fees will apply for those participating in the recitals. More information will be given as dates/times are confirmed.

Payment Information:

Name on card: _____ Zip Code: _____

Credit Card number: _____ Expiration Date: _____ CVC #: _____

By signing below, I authorize Bayou Belles, LLC to draft monthly tuition from my account on the fifth of every month. I also understand that I must submit any class cancellations in writing at least thirty days before a new month begins.

Signature: _____

BAYOU BELLES SPIRIT, LLC

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

To participate in Bayou Belles Spirit classes and activities, the parent(s) and/or legal guardian(s) of the minor participant must agree to the following:

Assumption of Risk

1. I and the participant(s) understand the nature of the classes held by Bayou Belles Spirit, LLC and certify that the participant(s) is qualified, in good health, and in proper physical condition to participate in such activity.
2. I acknowledge that if I or the participant(s) believe event conditions are unsafe, he/she will immediately discontinue participation in the activity and notify a coach.
3. I and participant(s) fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, inactions, those actions of others participating in the event, or the conditions in which the event takes place; and there may be other risks either not known to me and/or participants or not readily foreseeable at this time.
4. I and the participant(s) fully accept and assume all such risks and responsibilities for losses, costs, and damages I and or participant(s) incur as a result of my participating in the activity.

Release and Waiver of Liability

I and participant(s) hereby release, discharge, and covenant not to sue Bayou Belles Spirit, LLC, its respective directors, agents, officers, volunteers, employees, sponsors, advertisers, owners and lessors of the premises on which the activity takes place, (each considered one of the "releases" herein) from liability of claims demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releases" or otherwise, including negligent rescue operation.

Indemnity Agreement

1. I and participant(s) agree that if, despite this release, waiver of liability and assumption of risk I, participant(s), or anyone on my behalf, makes a claim against any of the Releases, I and participant(s) will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage or cost, which any may incur as the result of such claim.

I and participant(s) have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and understand that I and participant(s) have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect. And I, as the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity.

Participant's Name: _____

Parent's Printed Name: _____

Address: _____

Parent's Signature: _____

Date: _____

Bayou Belles Spirit Medical History Form

Participant Name: _____ Current school grade: _____

Date of Birth: _____ Age: _____

Height: _____ Weight: _____

Parent Name: _____

Address: _____

Phone: _____

Physician: _____ Contact Number: _____

Email Address: _____

Emergency Contact: _____ Phone Number: _____

Accident/Health Insurance Information (please attach a copy of insurance card)

Company: _____ Policy # _____

Preferred Physician: _____ Phone # _____

Are you currently under a doctor's care: Yes No

If yes, explain: _____

When was the last time you had a physical examination? _____

Do you take any medications on a regular basis? Yes No

If yes, please list medications and reasons for taking: _____

Have you been recently hospitalized? Yes No

If yes, explain: _____

Do you have physical handicaps? Yes No

If yes, explain: _____

Diabetes? Yes No

Known heart disease? Yes No

Rheumatic heart disease? Yes No

A heart murmur? Yes No

Chest pain with exertion? Yes No

Irregular heart beat or palpitations? Yes No

Lightheadedness or do you faint? Yes No

Unusual shortness of breath? Yes No

Cramping pains in legs or feet? Yes No

Emphysema? Yes No

Other metabolic disorders (thyroid, kidney, etc.)? Yes No

Epilepsy? Yes No

Asthma? Yes No

Back pain: upper, middle, lower? Yes No

Other joint pain Yes No

Explain joint pain: _____

Muscle pain or an injury Yes No

Explain pain/injury: _____

Allergies Yes No

Please list allergies: _____

To the best of my knowledge, the above information is true.

Parent/Guardian Signature: _____ Date: _____

In case of emergency, I hereby give permission to the physician selected by my child's Bayou Belles Spirit Coach/instructor to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, as named above.

Parent/Guardian Signature: _____ Date: _____

Photo/Video Release

I hereby give permission for images of my child captured during regular and special activities through video, photo and digital camera, to be used solely for the purposes of Bayou Belles Spirit, LLC promotional material and publications, and waive any rights of compensation or ownership thereto.

Parent/Guardian Signature: _____ Date: _____

Participant's Name: _____

