

BAYOU BELLES SPIRIT MEMBERS REGISTRATION 2022

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 2022.
- 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 ranges from \$45- \$55 per month. All-Star prices vary.
- Tuition is due on fifth of every month. Automated drafts will be drafted on the 5<sup>th</sup> 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.
- **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.**
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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.

**\*\*BAYOU BELLES SPIRIT WILL BE CLOSED FOR ALL CLASSES ON JULY 4-8, 2022 and DECEMBER 26-30, 2022.\*\***

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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 15<sup>th</sup> of the prior month to be eligible to withdraw from classes.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2022 BAYOU BELLES SPIRIT Registration Form**

Participant's name \_\_\_\_\_ DOB: \_\_\_\_\_

New Member: \_\_\_\_\_ OR Former Member: \_\_\_\_\_ (Please check one)

\_\_\_\_\_ **Level 1 Tumbling** for kindergarten through 5<sup>th</sup> grade/\$55 per month  
\_\_\_\_ Monday from 6:00-6:55      \_\_\_\_ Tuesday from 5:00-5:55      \_\_\_\_ Tuesday from 6:00-6:55  
\_\_\_\_ Wednesday from 5:00-5:55      \_\_\_\_ Thursday from 5:00-5:55

\_\_\_\_\_ **Level 2-3 Tumbling** for kindergarten through 5<sup>th</sup> grade/\$55 per month  
\_\_\_\_ Monday from 7:00-7:55

\_\_\_\_\_ **Level 2-3 Tumbling** for sixth grade and up/\$55 per month  
\_\_\_\_ Tuesday from 7:00-7:55      \_\_\_\_ Thursday from 6:00-6:55

\_\_\_\_\_ **Cheer Prep Class**-3<sup>rd</sup> through high school on Thursday at 7:00-7:55/\$55 per month (only offered Jan. through April)

\_\_\_\_\_ **Beginning Dance Line Prep Technique** for 3<sup>rd</sup> grades and up on Wednesday from 6:00-6:55/\$55 per month (only offered Jan. through April)

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

\_\_\_\_\_ **Beginning Jazz/Hip Hop Dance Class** for 1<sup>st</sup>-2<sup>nd</sup> grades on Tuesday from 6:00-6:55/\$55 per month

\_\_\_\_\_ **Beginning Jazz /Hip Hop Dance Class** for 3<sup>rd</sup>-4<sup>th</sup> grades on Thursday from 5:00-5:55/\$55 per month

\_\_\_\_\_ **Beginning Jazz /Hip Hop Dance Class** for 5<sup>th</sup> – 8<sup>th</sup> grades on Monday from 6:00-6:55/\$55 per month

\_\_\_\_\_ **Int/Adv Jazz/Hip Hop Dance Class** for 8<sup>th</sup>-12<sup>th</sup> 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: \_\_\_\_\_

# Assumption of the Risk and Waiver of Liability, including Coronavirus/COVID-19

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.
5. I and the participant(s) fully accept and assume all such risks and responsibilities of any illness that I may incur at any time- pre, during, and after my time at Bayou Belles Spirit, LLC.

## 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.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and run health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Bayou Belles Spirit, LLC has put in place preventative measures to reduce the spread of COVID-19; however, Bayou Belles Spirit, LLC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Bayou Belles Spirit, LLC could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending classes/private lessons/camps/any session at Bayou Belles Spirit, LLC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Bayou Belles Spirit, LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Bayou Belles Spirit, LLC employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Bayou Belles Spirit or participation in Bayou Belles Spirit programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Bayou Belles Spirit, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Bayou Belles Spirit, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Bayou Belles Spirit program.

Athlete Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Bayou Belles Spirit Medical History Form

Participant Name: \_\_\_\_\_ Current school grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

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: \_\_\_\_\_