



BALLET FOLKLORICO ALEXA ZOZAYA

DANCE REGISTRATION FORM

DANCER INFORMATION

Name: _____ DOB: _____

Name of Parent/Guardian: _____ Relation: _____

Only for dancers under the age of 18

Address: _____

Street (including apartment number, if applicable)

City

State

ZIP Code

Phone: _____ Cell Home

E-mail: _____

Shirt Size: Child Adult | S M L XL 2XL _____

How many years of experience do you have dancing folklórico? _____

With which groups (if applicable)? _____

EMERGENCY CONTACTS

Name: _____ Relation: _____

Phone: _____ Alternative Phone: _____

Name: _____ Relation: _____

Phone: _____ Alternative Phone: _____

FOR OFFICE USE ONLY

INITIAL REGISTRATION FEE: _____ Date Paid: _____ Received By: _____

GROUP ASSIGNMENT: Mini-Folk Infantil Intermediate Advanced Professional

The registration fee is non-refundable



MEMBERSHIP AGREEMENT

BFAZ Commitments

BFAZ, to include any person who is affiliated with BFAZ, will work towards aiding members in learning to follow instructions, properly to distribute and use weight on both feet, shift weight between to their feet, proper positioning of feet, control balance, maintain a center of balance, spot while turning, follow choreography, and lead and follow. BFAZ will judge a members progression based on their dance techniques, skills, and styles. BFAZ will aid in the development of good dance habits, discipline, and the formation of positive relationships with fellow members. BFAZ will work with members, through dance and exercise, to relieve stress.

Membership in Ballet Folklórico Alexa Zozaya (BFAZ) is contingent upon a member adhering to the BFAZ code of conduct, meeting commitments, following BFAZ rules, and adhering to the BFAZ integrity code. BFAZ will encourage members to maintain good membership standing by enforcing adherence to the codes, the members commitments to BFAZ, and the rules. Enforcement measures may include various forms of discipline, which may include additional exercises, fees (e.g., late fees), suspension, and/or termination of membership.

Member Commitments

Please initial next to each commitment as acknowledgement of having read and understanding the commitment.

_____ I will attend all scheduled group practices, training, meetings, and performances

_____ I will remain respectful of all members, participants, viewers, etc. at all times.

_____ I will be ready for each and every practice, training, meeting, and performance.

_____ I will collaborate with my choreographers.

_____ I will help teach beginner members and serve as a role model to others.

_____ I will do my best to be as active within BFAZ as I am physically possible to do so.

_____ I will maintain a positive attitude and apply myself to the best of abilities.

_____ I will subject myself to the member rules of BFAZ.

Member Rules

Please initial next to each rule as acknowledgement of having read and understanding the rule.

_____ Members while engaging as a dancer must wear comfortable clothes avoiding jeans, restrictive clothing, and clothes in disrepair.



BALLET FOLKLORICO ALEXA ZOZAYA

_____ Members while engaging as a dancer must not wear jewelry, watches, long earrings, or necklaces.

_____ Members while engaging as a dancer must ensure that their cell phones are silenced during each and every practice, training, meeting, and performance.

_____ Members while engaging as a dancer must wear appropriate footwear (i.e., Folklorico dance shoes for women, boots for men). The permissive use of athletic shoes will be made known to dancers by BFAZ when the use is permitted as determined by BFAZ.

_____ Members while engaging as a dancer must wear their long hair pulled back into the hair style commonly referred to as a bun.

_____ Members while engaging as a dancer must wear appropriate attire when requested by BFAZ during each and every practice, training, meeting, and performance, which may include skirts for females and black pants for males.

_____ Members while engaging as a dancer must follow the directions, instructions, commands, etc. of instructors and choreographers as they are given.

_____ Members while engaging as a dancer must notify instructors and choreographers immediately when they do not understand directions, instructions, commands, etc.

Code of Integrity

Please initial next to the code as acknowledgement of having read and understanding the code.

_____ Members of BFAZ are representatives of their community and as such should uphold a sense of pride and dignity; therefore, members shall at all times when representing BFAZ during practices, trainings, meetings, social functions, and performances is responsible for their actions and as such shall comport themselves by exercising values associated with honesty, trust, fairness, respect, and responsibility. These values, in the opinion of BFAZ, are essential to promote and maintain a high level of moral integrity.

I acknowledge and agree to the above statements and provide proof of such acknowledgement and agreement by affixing my signature below

_____ Date: _____
Print dancers name and sign

Parent/Guardian _____ Relation: _____
Print name here and sign on signature line above



FEES AND COSTS NOTICE OF UNDERSTANDING

Attendance and membership to Ballet Folklórico Alexa Zozaya (BFAZ) events, practices, social functions, etc. is contingent upon being in good financial standing with BFAZ. Good financial standing is defined herein as having any and all fees, costs, and financial obligations to be paid in full. "Financial obligations" is defined as monies owed for purchases, orders, or restitution. By affixing your signature below, you acknowledge that you are aware membership and attendance is predicated upon being in good financial standing with BFAZ. Your acknowledgment includes that you are aware that unless otherwise provided in writing by BFAZ that all costs, fees, and financial obligations are non-refundable under any circumstance. A member's failure to pay any cost, fee, or financial obligation may result in late fees. Fees, costs, and financial obligations are:

- (1) Established, charged, and collected by BFAZ administrators only,
- (2) Are subject to change based on the needs of BFAZ,
- (3) Are nonnegotiable, and
- (4) Due as follows:
 - a. Registrations fees are due upon registration.
 - b. Membership costs are:
 - i. Due the first day of the month.
 - ii. Automatic payment scheduling is available to all members who have the desire and capability to do so.
 - 1. Automatic payments will be collected on or about the first day of the month.
 - 2. To cancel automatic payments a member shall notify BFAZ in writing no later than thirty days prior to the scheduled automatic payment date.
 - c. Costs for special events are due no later than two weeks prior to the event.
 - d. Costs for purchased items, which are in stock, are due upon receipt.
 - e. Costs for ordered items are due when the order is placed with BFAZ.
 - f. Any divergences from items section 4 (a – d) shall be provided in writing, which will be posted and displayed as notice in the place commonly associated with organized practices as determined by BFAZ, unless the deviation is between BFAZ and a single member where the details will be provided in writing directly to the member.
 - g. Restitution amounts due dates shall be determined as necessary solely by BFAZ.

I acknowledge and agree to the above statements and provide proof of such acknowledgement and agreement by affixing my signature below.

_____ Date: _____
Print dancers name and sign

Parent/Guardian _____ Relation: _____
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BALLET FOLKLORICO ALEXA ZOZAYA

DISCLOSURE AND WAIVER

I, _____, understand that dance is a physical activity that has
Print Name

inherent risks of injury associated with all forms of physical activity. I understand activities associated with dance, for the purposes of this document, are defined to include, but not limited to, practices, performances, and special occasions. My engagement in any of the activities, both explicitly and inexplicitly stated herein, is accompanied with risks which could lead to injury, up to and including loss of life. I know that the dangers associated with dance may be caused through my action, inaction, or negligence or the action, inaction, or negligence of others. Furthermore, I am aware other risks may exist, which are not currently known or reasonably foreseeable at the time I the signee affix my signature to this document. If, or when, I suffer an injury I agree to hold blameless and waive any and all claims against Ballet Folklórico Alexa Zozaya (BFAZ). By agreeing to hold blameless and authorize the waiver clause of this document I shall accept and assume any and all risks and responsibility for any losses and/or damages associated with or derived from injury sustained while participating in activities – as defined above – however caused. While BFAZ may provide basic first aid, although not obligated to do so, I shall not construe this to be considered professional medical assistance. I shall not construe any statements made by BFAZ, to include any person who is affiliated with BFAZ, as a medical diagnoses or medical advice. I understand that it is my responsibility to seek and obtain professional medical assistance with any injury regardless of severity. I understand that if and when I am incapable of denying medical attention, any and all reasonable actions made by BFAZ, to include any person who is affiliated with BFAZ, to acquire medical assistance on my behalf. I understand this does not constitute financial or legal responsibility for my medical situation and/or medical care on behalf of BFAZ, to include any person who is affiliated with BFAZ, for any and all circumstances that arise from such efforts. I shall treat such efforts to obtain medical care on my behalf as though I personally procured and authorized such services and as such hold solely and separately from BFAZ, to include any person who is affiliated with BFAZ, any and all financial and legal responsibility. I, as affirmed by my signature, agree to waive the right to any legal action – in concordance with and as law allows – against BFAZ and any instructor(s), staff, dancer(s), and/or volunteer(s) for any injury sustained. I understand this contract is written without intent to deny me of any rights afforded me by law, but it is possible that at some time a court may decide that a legal right may have inadvertently been infringed upon. If and when this contract, wholly or any portion of, is deemed to be incongruent with any applicable law and is deemed to be unenforceable, I agree to forego any and all remedies afforded to me by law other than mediation; when not possible to reach agreement in mediation then I agree to willingly participate in arbitration for resolution. Any costs of mediation or arbitration shall be my sole and separate responsibility. Costs associated shall be paid upfront and are permissible to be reimbursed based on determinations made during the mediation or arbitration process. BFAZ reserves the right to select the venue where the alternative dispute resolution process shall be held, to select the rules of mediation/arbitration, and who the mediator/arbitrator shall be, as long as the mediator/arbitrator is a neutral party that holds current certifications or licensure to engage in such services.

I acknowledge and agree to the above statements and provide proof of such acknowledgement and agreement by affixing my signature below.

Print dancers name and sign Date: _____

Parent/Guardian _____ Relation: _____
Print name here and sign on signature line above



MEDICAL INFORMATION RELEASE AUTHORIZATION

I, _____, understand that as a member of Ballet Folklórico Alexa Zozaya (BFAZ) any injury sustained may require medical attention. I further understand that during a medical intervention I may not be in a position to share medical information with emergency medical personnel, doctors, nurses, or others who are qualified, through licensure or certification, to provide medical aid. In the event of such an event where my medical condition precludes me from supplying information another may be needed to share it on my behalf; therefore, I authorize BFAZ to disclose the following without further approval needed from myself:

Allergies

I understand allergies to food, medication, plants, or other substances would be important knowledge for medical personnel when providing care, thus I choose to share the following regarding allergies:

I have allergies Yes No I do not wish to disclose

My allergies are as follows: _____

I carry an EpiPen Yes No I do not wish to disclose

My EpiPen, when I carry it, is normally located in _____

I authorize BFAZ, and waive any and all claims to liability involving BFAZ, to include any person who is affiliated with BFAZ, to collect my EpiPen from this location and authorize the EpiPen to be used in the following method(s):

- Provide the EpiPen to myself and I will personally administer to myself the EpiPen.
- BFAZ, to include any person who is affiliated with BFAZ, to administer the EpiPen in the following manner (please provide clear instructions describing how, when, and where the EpiPen should be administered): _____



BALLET FOLKLORICO ALEXA ZOZAYA

Medical Conditions

I understand particular medical conditions would be important knowledge for medical personnel when providing care. I am aware such medical conditions cover a multitude of conditions such as, but not limited to, previous injuries, surgeries, current/past substance use/abuse, current medications, etc. and I choose:

Not to disclose any information regarding current or past medical conditions.

To disclose the following: _____

Medical Emergency

In the event of a medical emergency I would like the following events to occur, without precluding BFAZ, to include any person who is affiliated with BFAZ, from taking appropriate measures a reasonable person would take in a similar situation:

I have no measures I prefer to be taken.

I would like to have the following measures taken: _____

I acknowledge and agree to the above statements and provide proof of such acknowledgement and agreement by affixing my signature below.

_____ Date: _____
Print dancers name and sign

Parent/Guardian _____ Relation: _____
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BALLET FOLKLORICO ALEXA ZOZAYA

PHOTO RELEASE AND AGREEMENT

I, _____, understand that as a member of Ballet Folklórico
Print Name
 Alexa Zozaya (BFAZ) that photos, video, and other forms of media (hereafter referred to as media) may be taken, created, filmed, etc. depicting myself and my participation with BFAZ in activities, solely and not solely related to dance. I agree to the use of media depicting myself, or my likeness, by BFAZ, including those authorized by BFAZ to use said media, to create materials such as, but not limited to, promotional items, memorabilia, art, displays, etc. as long as such material is permissible by United States federal laws and Arizona state laws. I waive any and all claims to any and all money derived from permitted uses. I waive any and all claims to any form of recognition for use of my image.

I acknowledge and agree to the above statements and provide proof of such acknowledgement and agreement by affixing my signature below.

Print dancers name and sign Date: _____

Parent/Guardian _____ Relation: _____
Print name here and sign on signature line above



BALLET FOLKLORICO ALEXA ZOZAYA

USE OF COSTUME AND WAIVER OF LIABILITY

I, _____, understand that as a member of Ballet Folklórico Alexa Zozaya (BFAZ) that the use of costumes, accessories, hairpieces, and/or props are necessary during the performance of dance activities (as defined in the section Disclosure and Waiver). I understand that any injury resulting from use of costumes and props falls within the scope of the Disclosure and Waiver section of this document. I agree that any items presented to me by BFAZ is for the use of dance activities and shall not be used for any other purpose and shall be safeguarded by me from damage. I agree that the term damage shall mean physical harm caused in such a way as to impair value, usefulness, or normal function. I acknowledge that the term usefulness, along with its contemporary meaning, includes visual appearance for the purpose of performance of dance productions. I agree that any damage incurred during the period of time the item(s) is(are) in my care, whether caused by me or not, shall be considered as having been unintentionally caused by myself. If I damage any item, intentionally or unintentionally, I agree to compensate BFAZ the full financial amount to repair/replace the item. I understand that the decision to replace or repair the item is the sole discretion of BFAZ; therefore, in the event of damage to any costume or prop I waive any and all rights to decide whether the item is repairable and solely rely on BFAZ's discretion and will fully abide by their decision.

All items presented to me that I did not explicitly purchase or have not been gifted to me by BFAZ shall be returned to BFAZ upon request verbally or in writing by BFAZ. No item shall be considered as gifted by BFAZ unless expressly conveyed as such in writing. When I fail to return any and all items, I have been entrusted with, I agree to compensate BFAZ for the full value of the item(s).

I agree that to compensate BFAZ for all intents and purposes means that I will pay the full dollar amount equal to the value of the item(s). I agree that all payments will be made upon request, unless another form of payment has been agreed to, in writing, between BFAZ and myself. I agree that BFAZ has the right to pursue any and all legal remedies to collect in full the monies owed, if and when, I fail to pay. I agree to pay any and all collection fees, legal fees, and other reasonable expenses related to the recovery of payment. I understand that failure to pay will result in revocation of access to BFAZ and all fees paid, to include costs related to any performance, special activity, or any function/activity not described herein, shall not be refunded. If fees for a performance are deemed to be refundable in advance of my failure to pay, I hereby authorize BFAZ to apply these funds to my outstanding balance, with any overage to be returned to myself.

I acknowledge and agree to the above statements and provide proof of such acknowledgement and agreement by affixing my signature below.

Print dancers name and sign Date: _____

Parent/Guardian _____ Relation: _____
Print name here and sign on signature line above



BALLET FOLKLORICO ALEXA ZOZAYA

PARTICIPATION IN EVENTS AGREEMENT

I, _____, understand that as a member of Ballet Folklórico Alexa Zozaya (BFAZ) from time to time I will be requested, expected, or invited to participate in performances, exhibitions, and/or contests (hereafter referred to as events) related to the dance I will be learning and participating in as a member of BFAZ. I understand that BFAZ will provide as much information as they deem necessary for me to adequately prepare for such events. I understand that although BFAZ will make good faith efforts to provide as much information as possible they will not provide it to exhaustion. Therefore, I acknowledge that I will be required to seek out any additional information that I wish to know or believe is imperative on my own accord and shall not hold BFAZ responsible for any information not included.

I acknowledge and understand some events may involve international travel and that it is common knowledge when a person travels outside the United States certain requirements are necessary and obligated to me by own government and/or the government of the areas where I may travel. It is my responsibility to be aware of such requirements and I am personally responsible for obtaining any and all documentation, vaccinations, and to meet all terms and conditions set forth as necessary to travel and gain entry into the international destination. I understand that if I am unable to secure what is required to travel two weeks prior to the departure date I may not be permitted to travel with BFAZ.

I understand and acknowledge that while it useful to speak, read, and write the language of the host country it is not required. I understand that ensuring members are able to fully and comprehensibly engage in communication is not the responsibility of BFAZ, however, BFAZ will work with travelling members to provide a degree of aid to communicate in the target language when possible. I understand that ultimately it is my responsibility to provide for my own ability to communicate.

I acknowledge and agree to the above statements and provide proof of such acknowledgement and agreement by affixing my signature below.

_____ Date: _____
Print dancers name and sign

Parent/Guardian _____ Relation: _____
Print name here and sign on signature line above