

ARIZONA SCHOOL OF CLASSICAL BALLET, LLC

20820 North 25th Place, Suite #110 - 112 Phoenix, Arizona, 85050

Telephone: (602) 494 - 3400

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2008 - 2009 REGISTRATION FORM

Student Name _____ Home Phone (____) _____

Address _____ Cell phone(____) _____

City _____ State _____ Zip code _____ E-mail _____

Date of Birth _____ Age _____ Years of training: _____

When enrolling in the School programs please remember that your child is registered for the full school year August 2008 - June 2009
Preparatory Division Primary I-III students must take a Full Program incl. Summer session: 2wks or 4wks
Academic Division Levels I - Advanced students could choose between options. Please, indicate the option of classes you register your child for.

Fall/Spring Semesters Junior Levels: Option A _____ Option A Plus _____ Intermediate Level: A _____ B _____

Pre-Professional Levels: Option A _____ Option B _____ Option C _____ Option D _____ Optional Classes: Fl _____ J _____ M _____

Summer Session is an integral part of the school year curriculum:

Please choose between Mandatory (two weeks) & Full program options: Mandatory _____ Full program _____

(See the Options information and Schedule in the School's 2008-2009 Registration and Handbook).

Please select the tuition payment plan: Semester _____ Quarter _____

Installment payment plan is also available for extra \$5.00 per payment processing fee if your Quarterly tuition exceeds \$550. Installment _____

All payment plans: \$10 per week late fees will be charged on the accounts with more than one week past due. Starting third week of Quarter the student with past due accounts will observe classes only and will not participate until tuition is paid.

The ASCB reserves the right to refuse payment by means other than cash or certified check if previous payments have been returned with insufficient funds or credit. (See tuition, payments and refund information in the School's 2008-2009 Registration and Handbook).

Performance Participation:

I would like my child to participate in School's Winter Performance (December 19 and 20, 2008): Yes _____ No _____

I would like my child to participate in School's Spring Performance (May 16 and 17, 2009): Yes _____ No _____

(See the performance participation, production weeks & costume fees information in the School's 2008-2009 Registration and Handbook)

Parents/Guardian contacts information:

Mother: Name _____ Work or Cell Phone _____

Father: Name _____ Work or Cell Phone _____

Allergies, injuries or medical conditions _____

Emergency Contact _____ Emergency Contact Phone: _____

Student's Physician name _____ Phone : _____

Consent and Release. As the parent or legal guardian of aforesaid child I consent to my child's participation in the Arizona School of Classical Ballet dance training, auditions, rehearsals and performances as well as recreational activities at various locations to enrich his/her dance experience. I understand that dance is very physical activity and there is a risk of accident or injury inherent in dance. I am also aware that dance is a physical activity, which requires touch and hands-on corrections from teacher to student to reinforce proper alignment and positioning of the body. I agree that the Arizona School of Classical Ballet, LLC along with its employees, consultants, volunteers, advisers, director and/or agents shall not be responsible for any injuries to be caused during my child's participation. I do hereby voluntarily waive and release any and all actions, claims, and demands for any damage, injury or loss to person or property which may be sustained by myself, my child and/or ward directly or indirectly during the course of or as result of my child's participation as set above.

I hereby grant permission to person listed as emergency contact, my child's physician, the School director or the director's designee to take whatever action is deemed necessary for the health of the aforesaid child in case of injury, accident or illness until I, my spouse, or the child's legal guardian can be contacted. I further authorize the release to health care workers any medical and personal information ASCB or the person listed above may have regarding the student and the use of such information by health care workers in the subsequent medical treatment of the student.

Health Insurance. I certify that my child is covered by a medical plan or health insurance that includes coverage for injuries that may be sustained while student is participating in classes, rehearsals, performances or any activities sponsored by the School. We/I will assume all responsibility for payment(s) of medical treatment if an injury does occur while he/she is a student at Arizona School of Classical Ballet, LLC. The School will not be responsible for any cost or liabilities resulting from a lack of medical coverage.

Prior to signing the following statement, please read the Policies and Procedures in the School's 2008-2009 Registration and Handbook.

I acknowledge that have read, understand and accept the policy statement and waiver of liability; School's rules and regulations; payments and refund policies and have had any questions answered to my satisfaction. I agree to pay the final tuition in full for the option I have selected and I understand that I am not entitled to a refund if I choose my child not to attend the program.

Signature _____ Date _____

Publicity Release. I hereby give my permission and consent for my child's image to be included in promotional material such as marketing brochures, posters, fliers, video and website for Arizona School of Classical Ballet, its programs and productions without compensation to the student.

Signature _____ Date _____