

ARIZONA SCHOOL OF CLASSICAL BALLET

2010 – 2011 REGISTRATION FORM

Student Information:

First/Given Name	Middle Name	Last/Family Name	Preferred Name
Street Address		City	State
Home Telephone (Area code)		Alternate Cell (Area code)	Email Address (Print clearly)
Student Age: _____	Date of Birth: _____ / _____ / _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	New student <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Training _____ (name of the school and years of training)		Current Academic School: _____ (please indicate if home schooled)	

Parents/Guardian Contact Information:

Mother's: Name	Home Telephone (Area code)	Alternate Cell (Area code)	Email Address (Print clearly)
Father's: Name	Home Telephone (Area code)	Alternate Cell (Area code)	Email Address (Print clearly)

Registration and Payment:

When enrolling in the School programs please remember that your child registered for the full season August 9, 2010 – June 25, 2011.

Date of Enrollment _____ / _____ / _____

Full Summer Session (3 weeks)

Mandatory Summer Session (2 weeks)

Please, indicate the Program and Option of classes you register your child for:

Dance programs:

Preparatory Division (Primary I – Primary III Levels must take a Full Program) _____

Academic Division: _____

Junior Levels (1 – 3): Option A Option A Plus

Intermediate Levels (4 – 5): Option A Option B

Pre-Professional Levels (Pre-Advanced & Advanced): Option A Option B Option C

Recreational program/Open Classes: Age Group: Junior (7 – 10) Intermediate (11 – 15) Advanced (15 – 18)

Ballet Technique Pointe Boys Jazz Musical Theater Modern Flamenco Character

Music program:

1 class/week 2 classes/week Ensemble class

Payment Plan: Advanced Discounted Session Installment
(Please select)

Method of Payment: Cash Check Visa MasterCard

Payment by Credit (Please note: 2% administrative fee will be charged on any credit/debit card payment):

Card Number: _____ Expiration Date: _____

Name of Cardholder: _____ Signature: _____

I acknowledge that have read, understand and accept the School's payments and refund policies and have had any questions answered to my satisfaction. I agree to pay the final (school season) tuition in full for the option I have selected. I understand that I am not entitled to a refund should my child not attend the program and I will be responsible for the tuition paid until the date I officially withdraw my child from the program.

Signature of Parent or Guardian: _____

Date: _____

For Office Use only:

Program: _____

Level: _____

Discounts: _____

New student starts Session ____

of weeks prorated: _____

For Office Use only:

Discount per payment: _____

For Office Use only:

Reg. Fee: _____

Deposit: _____

1st payment _____

Tuition Amount after Discounts

Per payment: _____

Performance Participation:

ASCB students will have an opportunity to participate in all productions that the school will be involved in. Please, indicate below if you would like your child to participate in the Winter and/or Spring productions.

My child will participate in: All Productions None
 Winter Fairy Tales only The Nutcracker only The Story Time only

Please note: Performance participation and costume fees will apply.

Emergency Contact Information:

Name of Contact: _____ Home Telephone _____

Relationship to Student: _____ Alternate Cell _____

Name of Physician: _____ Physician's Phone number _____

Does the student have any injuries (previous or new)? Yes No

If yes, please explain: _____

Does the student have any allergies? Yes No

If yes, please explain: _____

Does the student have any medical condition that the school's officials have to be aware of? Yes No

If yes, please explain: _____

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.

I acknowledge that I have read and understand this Consent and Release and have had any questions answered to my satisfaction.

Signature of Parent or Guardian: _____ 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, flyers, video and website for Arizona School of Classical Ballet, its programs and productions without compensation to the student.

Signature of Parent or Guardian: _____ Date _____