



# Class Registration Form 2019-2020

\_\_\_New Student \_\_\_Returning Student

Today's Date: \_\_\_\_\_

Student Name Birthday & Age (as of 9/1/19) Gender

Parent/Guardian Name(s)

Street Address City/State Zip

Primary Phone Number Secondary Phone Number Additional Phone Numbers

Email Address (Please include all emails where you would like to receive newsletters and other Academy correspondence)

Father's Employer Father's Job Title Father's Work or Cell Phone Number

Mother's Employer Mother's Job Title Mother's Work or Cell Phone Number

School Student Attends Grade

**If you are a new student, how did you hear about Peoria Ballet?**

\_\_\_Current Student/parent \_\_\_TV \_\_\_Website \_\_\_Newspaper \_\_\_Performance: \_\_\_\_\_ \_\_\_Other: \_\_\_\_\_

**Peoria Ballet depends on volunteers. Please circle all areas that you or a family member would be willing/able to help**

- Sewing    Costume Decorating    Chaperoning    Volunteer Organization    Prop Construction/Carpentry  
 Electrical    Painting    Backstage Hand    Computer/IT    Finance    Marketing/Branding    Graphic Design

Class Title	Day (M,Tu,W,Th,S)	# Hours	Class Title	Day (M,Tu,W,Th,S)	# Hours
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			<b>Total Hours</b>		
6.					

**Semester Tuition Totals: The annual registration fee is added to the first payment, which is due at the time of registration.** Subsequent Installments shall be paid on September 15, October 15, November 15, January 15, February 15, March 15 and April 15. No tuition payments are due in December or May provided your account is up to date!

- \_\_\_ My child will be participating in the 2020 Academy Recital. Please add the \$50 fee to today's total and I understand that there will be an additional charge for the cost of the costume(s) due by the 1<sup>st</sup> day of the Spring Semester
- \_\_\_ I am undecided about the 2020 Academy Recital and I understand that a decision must be made and fee paid along with costume costs by the 1<sup>st</sup> day of the Spring Semester

**Terms & Conditions (Please read & initial by each item)**

- \_\_\_ Peoria Ballet reserves the right to reschedule or cancel any classes, as well as change the instructor.
- \_\_\_ Registration fee is non-refundable
- \_\_\_ Any changes to this registration form must be processed at the front desk and any applicable fees paid
- \_\_\_ Refunds for dropped classes are as follows:
  - Prior to start of semester = Full Tuition
  - After one class = Prorated Tuition
  - After 2<sup>nd</sup> class = No Refunds
- \_\_\_ A medical form must be completed and turned in prior to the start of the third class in order to continue taking Classes unless a medical form has already been submitted to the Ballet within the prior two school years.
- \_\_\_ I accept responsibility for reviewing and following the policies in the current Academy Handbook. (Parent & Student)
- \_\_\_ I understand that communication from the Ballet is done weekly through email and that it is up to me to stay informed.
- \_\_\_ I grant permission to the Peoria Ballet to use photographs of the student in studio publications, publicity, social media, and the Peoria Ballet website.

**I have read and accept all of the terms and conditions of the Peoria Ballet Company**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent should read, accept, and sign if the student is under age 18)

**For Office Use Only**

Number of Hours Enrolled: \_\_\_\_\_  
Tuition Total: \_\_\_\_\_  
Annual Registration Fee: \_\_\_\_\_ \$40 (per family)  
Registration Fee for Scholarships  
& Male Tuition Waivers (\$100): \_\_\_\_\_  
Total Tuition & Fees: \_\_\_\_\_  
Installment Amount Due: \_\_\_\_\_  
Academy Recital Participation Fee: \_\_\_\_\_

_____/_____/_____ PAID
_____ Check/Cash/Visa/MasterCard/Discover
_____ Amount Paid
_____ Medical Form
_____ Entered in QuickBooks
_____ Entered in Roster
_____ Entered in Attendance
_____ Entered in MailChimp
_____ Staff Initials

**MEDICAL INFORMATION FOR 2019-2020**

Please complete the following information so that in the event of an emergency, Peoria Ballet may be able to provide an EMT, first responder, or other licensed medical provider with important information about the student's known health history. Peoria Ballet will hold this information in strict confidence and only share it with such medical providers when responding to an emergency call.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone #'s: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Known allergies (including food, drug and environment): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medication the student is currently taking (including vitamins, minerals, or other dietary herbal supplements):

\_\_\_\_\_  
\_\_\_\_\_

Chronic illnesses or pre-existing conditions: \_\_\_\_\_

\_\_\_\_\_

Are the student's immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does the student have any physical handicaps:

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If you have a chronic condition or a current medical problem, please bring a signed statement from your physician permitting class and/or performance participation.

Is there anything else you would like us to know about the student? \_\_\_\_\_

\_\_\_\_\_

**In case of emergency, please contact (other than parents):**

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

Relation to student: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Waiver of Claim and Release of Liability**

The undersigned, by signing this waiver of claim and release of liability, acknowledge(s) that there are certain inherent risks associated with dance, any of which could result in property damage or bodily injury. These risks include, but are not limited to, warm-up, class, rehearsal, performance, or transport of artists.

In consideration for the consent and right given to the undersigned to dance with Peoria Ballet, and with full understanding of the inherent risks involved, the undersigned does/do, by signing below, expressly assume all the risks of any nature whatsoever and does/do hereby release and forever discharge Peoria Ballet, its officers, directors, shareholders, employees and agents, from any claim or liability of property or bodily injury of any nature whatsoever arising out of Peoria Ballet operations, and the undersigned does/do acknowledge full and total personal insurance responsibility while participating with Peoria Ballet.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Parent or Legal Guardian's Signature (if participant is under 18) \_\_\_\_\_

**CONSENT TO MEDICAL TREATMENT**

**In the event of an emergency, when parental permission is not available, I hereby give my permission for a staff member of Peoria Ballet to consent to medical treatment for \_\_\_\_\_  
(name of student)**

**Signature of Parent or Legal Guardian (or Student if over 18) \_\_\_\_\_**

**Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_**