



Class Registration Form 2021-2022

___New Student ___Returning Student

Today's Date: _____

Student Name _____ Birthday & Age (as of 9/1/21) _____ Gender _____

Parent/Guardian Name(s) _____

Street Address _____ City/State _____ Zip _____

Primary Phone Number & Name _____ Secondary Phone Number & Name _____ Additional Phone Number & Name _____

Email Address _____ Secondary Email Address _____ Student's Email Address (Optional) _____

Father's Employer _____ Father's Job Title _____ Father's Work Number _____

Mother's Employer _____ Mother's Job Title _____ Mother's Work 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. | | | Total Hours | | |
| 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 participate in the 2022 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 1st day of the Spring Semester

___ I am undecided about the 2022 Academy Recital and I understand that a decision must be made and fee paid along with costume costs by the 1st 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 2nd class = No Refunds

___ A medical form must be completed prior to the start of class unless one is already on file within the prior two years.

___ I accept responsibility for reviewing and following the policies in the Academy Handbook. (parent & student)

___ I understand that communication from the Ballet is done weekly through email and that it is my responsibility 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.

Name: _____ Date: _____

(Parent must 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 2021-2022

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 limitations:

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: ____ / ____ / ____