

Ballet Theatre Midwest, Inc – REGISTRATION

STUDENT NAME			AGE	BIRTH DATE
STREET ADDRESS			PARENT/GUARDIAN NAME(S)	
CITY	STATE	ZIP	HOME PHONE	
CELL PHONE	WORK PHONE			
EMAIL		Please include email address so we can share announcements and scheduling changes with you in a more efficient manner.		
OTHER ACTIVITIES:				
STUDENT INFORMATION (NEW STUDENTS ONLY)				
PREVIOUS TRAINING (LOCATION)			STUDIED BALLET (# OF YEARS)	
HOW DID YOU HEAR ABOUT BALLET THEATRE MIDWEST?				
CLASS SCHEDULE			TUITION	
CLASS	DAY	TIME		
ANNUAL REGISTRATION FEE (ONE PER FAMILY) COVERS FALL AND SPRING SEMESTERS			\$25.00	
Checks Payable to: Ballet Theatre Midwest PO Box 31156 Cincinnati, OH 45231			TOTAL	

I authorize Ballet Theatre Midwest to list my contact information in the annual directory.

10% Family Discount - (3 or more full-time dancers enrolled) based on total tuition plus registration fee. The family discount does not apply to pro-rated tuition.

Tuition - Full tuition is due by the first class of the semester. Dancers taking more than one class per week or families with multiple students may pay in two equal installments: 50% of tuition at the first class and the balance by mid-semester. Dancers will be invoiced for balance due. Let us know if you require adjusted tuition payments.

Pro-rated Tuition - Full-time dancers enrolled following the fourth week of the semester are eligible for pro-rated tuition.

Refund and Make-up - Refunds will be issued in the event of documented injury or relocation outside the Cincinnati area. A \$25 processing fee applies to tuition refunds. Make-up classes are encouraged and must be taken during the current semester. No tuition or make-up classes may be carried-over to the next semester.

Class Cancellation - Classes may be added or canceled based on enrollment. Dancers will be contacted in writing prior to class cancellation and every effort made to move the student into an appropriate class.

PLEASE COMPLETE BACK OF REGISTRATION FORM

Release and Assumption of Risk

The undersigned hereby acknowledges that participation in any of the dance activities with BALLET THEATRE MIDWEST, INC is purely voluntary. In consideration of BALLET THEATRE MIDWEST, INC making any equipment and/or facilities available to the undersigned while participating in any such activities, the undersigned hereby releases BALLET THEATRE MIDWEST, INC and SPENCER TOWNSHIP HALL, its successors, assigns, officers, agents and employees from any and all claims, demands and causes of action whatsoever, in any way growing out of or resulting from the undersigned student's participation in the activities of said dance.

The undersigned further agrees that he/she understands that many of the activities of said dance involve substantial risk of bodily injury, property damage, and other dangers associated with participation in dance activities. Dangers peculiar to activities normally engaged in by dance include, but are not limited to: bodily injury resulting from falls while using any of the dance equipment or performing the wrong execution of an exercise.

It is expressly understood by the undersigned that he/she is solely responsible for any costs arising out of bodily injury or property damage sustained through participation in normal or unusual activities of dance. (The undersigned is encouraged to obtain adequate bodily injury or property damage insurance coverage.)

If the undersigned is married and/or a minor, then the signature of the spouse, parent or guardian appearing in the space indicated below signifies acceptance by said spouse, parent or guardian that the terms and conditions hereof shall be binding upon them and shall constitute a release by them of any and all claims, demands and causes of action whatsoever which any of them may have against BALLET THEATRE MIDWEST, INC and SPENCER TOWNSHIP HALL, its successors, assigns, officers, agents or employees as a result of the undersigned student's participation in the activities described.

PLEASE READ THE ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. THIS RELEASES BALLET THEATRE MIDWEST, INC AND SPENCER TOWNSHIP HALL FROM LIABILITY RESULTING FROM MY PARTICIPATION IN ANY DANCE ACTIVITIES WITH BALLET THEATRE MIDWEST, INC AS DESCRIBED ABOVE.

STUDENT'S NAME	AGE	<input type="checkbox"/> Check here if married
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I HAVE READ AND UNDERSTOOD COMPLETELY THE ABOVE PROVISIONS AND AGREE TO BE BOUND THEREBY.

Photography/Video/DVD Release

I hereby give permission for Ballet Theatre Midwest, INC to take photographs, videos and/or DVDs of my child (student) to use for the purposes of promoting Ballet Theatre Midwest, INC.

PARENT/GUARDIAN SIGNATURE	DATE
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Check Emergency Medical Authorization

IN THE EVENT OF SERIOUS INJURY,

- I AUTHORIZE BALLET THEATRE MIDWEST, INC TO CALL EMERGENCY MEDICAL SERVICES (911).
- I DO NOT AUTHORIZE BALLET THEATRE MIDWEST, INC TO CALL EMERGENCY MEDICAL SERVICES (911).

STUDENT NAME	PARENT OR GUARDIAN (If student is a minor)
SPOUSE (If student is married)	TODAY'S DATE

STUDENT MEDICAL HISTORY

All information contained herein, will remain strictly confidential and will only be used in the event of a serious injury or medical emergency.

STUDENT'S PRIMARY PHYSICIAN	PHONE
STUDENT'S DENTIST	PHONE
MEDICAL INSURANCE COMPANY	SUBSCRIBER'S NAME/RELATIONSHIP TO STUDENT
ACCOUNT NUMBER	GROUP NUMBER

Briefly state any medical conditions or issues (Please include known allergies, prescription and medications and any important information that would affect emergency medical treatment.)
