

Ballet Theatre Midwest, Inc - REGISTRATION

CHILD'S AGE	BIRTH DATE	NAME		
PARENT OR GUARDIAN NAMES		ADDRESS		
HOME PHONE	CITY	STATE	ZIP	
WORK PHONE (Mother)	WORK PHONE (Father)	CELL PHONE		
EMAIL	Please include email address so that 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 Years	RECOMMENDED BY	
CLASS SCHEDULE				TUITION
CLASS	DAY	TIME		
Checks Payable to: Ballet Theatre Midwest PO Box 31156 Cincinnati, OH 45231			Annual Registration Fee Per Family (Covers Fall and Spring Semesters)	\$25.00
			TOTAL	

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.

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

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 THE CARNEGIE CENTER OF COLUMBIA TUSCULUM, 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 THE CARNEGIE CENTER OF COLUMBIA TUSCULUM, 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 THE CARNEGIE CENTER OF COLUMBIA TUSCULUM 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.

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.)		