



Open Students

2009/2010 School Year

Thank you for your interest in Evergreen City Ballet (ECB). The Season Calendar and Class Schedule provide information about ECB's 2009/2010 school year and performance season.

Please complete the Open Registration and Medical Authorization forms. Be sure to read the Policy & Waiver Agreement, check the appropriate boxes, date and sign. If you are an adult filling out the registration form for yourself, please be sure to fill out the registration forms for Open Student 18 and Over.

For your Open classes we offer the option to purchase a 5, 10 or 20-class card. The more classes you purchase at once, the lower the cost of each class. You may use the same class card for any Open class you take except for the Pointe class offered after Technique in the Open Ballet classes for students in Levels III and up. Your class card expires each session. Be sure to check the Season Calendar for session dates to help decide how many classes you'd like to purchase. You may purchase your class card when you come in for your first class.

Attire for Open Advanced ballet is a black or white leotard, pink tights, and pink ballet shoes. For the Open Adult Ballet, Modern, Hip Hop, or Yoga/Pilates classes you may wear whatever you are most comfortable wearing. The Open Ballet classes require pink ballet shoes. The Hip Hop class requires a pair of running shoes that will be used only for the Hip Hop class (no street shoes allowed.) If taking the Yoga/Pilates class, please bring an exercise mat with you.

Dancewear may be purchased at:

- Dance Collection 1500 S. 336th St. in Federal Way 253-838-4030 or 1-800-828-4030
- Dance Boutique 660 NW Gilman Blvd Suite C5 in Issaquah 425-369-1880
- Dance Closet 1209 S. Central Suite 150 in Kent 253-520-1979
- Center Stage Dance Shop 5012 University Way NE in Seattle 206-527-4697 or 1-800-732-6235
- Spot-ON Dancewear 914 Houser Way S. in Renton 206-465-1349

If you have any questions or concerns, please call me at 425-228-6800 or email me at stacy@evergreencityballet.org.

Sincerely,
Stacy Szehner
Administrator



Phone: 425-228-6800 Fax: 425-228-0478 Email: ecb@evergreencityballet.org Website: evergreencityballet.org

2009-2010 OPEN REGISTRATION
For Open Student 18 and over
(PLEASE PRINT ALL INFORMATION)

Date: _____
Month/Day/Year

Student's Name: _____ Class(es) Level _____
Last First Middle Class(es) Registering For

Birth Date: _____ Age: _____ Phone Number: (____) _____ Email Address _____
Month/Day/Year

Address: _____
Street City State Zip

Employer: _____
Name Address

If NEW, HOW DID YOU HEAR ABOUT EVERGREEN CITY BALLET? _____

Please check appropriate boxes, sign & date the Policy & Waiver Agreement on the opposite side of this form and return it to:
Evergreen City Ballet, 2230 Lind Ave SW Ste 109, Renton, WA 98057

Students are not allowed to attend class without registration forms being completed.

EVERGREEN CITY BALLET POLICY & WAIVER AGREEMENT For Open Student 18 and over

REGISTRATION

No registration fee required.

CLASS FEES

For all Open Ballet, Modern, Hip Hop or Pilates/Yoga classes:

- You may purchase a class card for 5 classes (\$65), 10 classes (\$125), 20 classes (\$240) or you may pay \$15 each time you take a class.
- For Open Ballet students interested in taking the additional 45-minute Pointe class offered after the Technique class to students in Levels III through PD, the cost is \$5. This fee will be paid or billed separately as there is no class card offered.

Class cards expire by the session. Evergreen City Ballet (ECB) cannot be held responsible for cancelled classes due to circumstances beyond our control such as bad weather or electricity outages. *Tuition and fees are non-refundable. A \$35 fee will be assessed for any returned check. Open class student accounts will accrue a late fee of \$15 after 30-days of non-payment. A 1% finance charge will be assessed each month on past-due monies owed. Payments that are 90 days past due will be subject to collection.*

BOARD OF DIRECTORS

The open student hereby agrees to the following: No permission is granted to anyone to make purchases or any agreement, written or otherwise, that will obligate ECB or its Board of Directors without first obtaining written permission from the Board. The Board reserves the right to change curriculum, productions, fees or any policy it deems necessary for the operation of the school.

WAIVER OF LIABILITY

I, the undersigned, understand that dance/exercise requires physical exertion. It is my responsibility to consult with a physician before my participation in dance/exercise classes, productions, programs or workshops. I agree to assume full responsibility for any risks, injuries or damages that might occur as a result of my participating in activities sponsored by Evergreen City Ballet.

I agree not to hold Evergreen City Ballet, its Board of Directors, associations, any faculty, employee or volunteer liable for injuries sustained or illnesses contracted while an open student of Evergreen City Ballet.

I have read and accept the policies and waivers above. I understand that I am responsible for timely payment of Open Class fees and agree to pay costs for collection of any unpaid fees.

Please check one box:

- I give ECB the right to use photos of me to promote the school.
- I give ECB the right to use photos of me to promote the school, but only by permission.

Date

Signature

Printed Name



2009/2010 School Year

MEDICAL EMERGENCY AUTHORIZATION
For Student 18 and over

I, _____, the undersigned, do hereby authorize Evergreen City Ballet and its adult employees and representatives as the agent for the undersigned to consent to emergency medical or dental care for myself. In case of an emergency, I give my permission to the medical personnel selected by Evergreen City Ballet and its adult employees and representatives to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medications for me. "Proper treatment" shall extend to and include the following non-exclusive list: x-ray, MRI, and other diagnostic imaging examinations, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advise of or to be rendered by physicians or dentists licensed to practice in the State of Washington.

It is understood that this release is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to Evergreen City Ballet and its adult employees and representatives as my/our agent to give specific consent to any and all such diagnosis, treatment or hospital care which the physician, surgeon or dentist in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the end of the school year, unless and until a written revocation is delivered to the school's administrator.

Person to contact in emergency

Daytime Phone Number: _____ Evening Phone Number: _____
Cell Number: _____ Email Address: _____

Additional Emergency Information

Emergency Contact: _____ Phone Number: _____
(Other than above)
Doctor's Name: _____ Phone Number: _____
Health Insurance and Number: _____

Do you have any medical or learning conditions or other circumstances that ECB should be aware of?

Signature Printed Name Dated: _____