



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 under 18
 (PLEASE PRINT ALL INFORMATION)

Date: _____
 Month/Day/Year

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

Birth Date: _____ Age: _____ Phone Number: (____) _____ Email Address _____
 Month/Day/Year (Student's - Print clearly)

Address: _____
 Street City State Zip

Father's/Custodian's Name: _____
 Last First Middle

Address: _____
 (Mailing/If other than above) Street City State Zip

Phone Number: (____) _____ (____) _____ (____) _____
 Home Work Cell

Employer: _____
 Name Address

Mother's/Custodian's Name: _____
 Last First Middle

Address: _____
 (Mailing/If other than above) Street City State Zip

Phone Number: (____) _____ (____) _____ (____) _____
 Home Work Cell

Employer: _____
 Name Address

Parent's Email _____

Student's Elementary, Middle or High School _____ District _____

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 under 18

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 quarterly. 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 student and/or custodian 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/We, the undersigned parent(s) or legal custodian(s) of the student named on the front of this registration/agreement form, understand that dance requires physical exertion. It is my/our responsibility to consult with a physician before his/her participation in dance classes, productions, programs or workshops. I/We agree to assume full responsibility for any risks, injuries or damages that might occur as a result of the student participating in activities sponsored by ECB.

I/We agree not to hold ECB, its Board of Directors, associations, any faculty, employee or volunteer liable for injuries sustained or illnesses contracted while a student of ECB.

I/We have read and accept the policies and waivers above. I/We understand that I/we am/are responsible for timely payment of tuition and agree to pay costs for collection of any unpaid tuition and fees.

If only one parent or custodian signs this commitment, I hereby certify that I have sole legal custody or sole decision-making authority for decisions involving the student named.

Please check one box:

- I/We give ECB the right to use photos of my child to promote the school.
- I/We give ECB the right to use photos of my child to promote the school, but only by permission.

Date

Signature of Parent or Custodian

Signature of Parent or Custodian



2009/2010 School Year

MEDICAL EMERGENCY AUTHORIZATION

I/We, the undersigned parent(s) or legal custodian(s) of _____, a minor, 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 the above named child. In case of an emergency, I/we understand every effort will be made to contact me/us. In the event that I/we cannot be reached, I/we give my/our 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 my child. "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.

If this authorization is signed by only one parent or custodian, I hereby certify that I have sole legal custody or sole decision-making authority for medical decisions involving the above named minor.

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.

Signature (1st Parent/Custodian) Printed Name Dated: Daytime Phone Number: Evening Phone Number: Cell Number: Email Address:

Signature (2nd Parent/Custodian) Printed Name Dated: Daytime Phone Number: Evening Phone Number: Cell Number: Email Address:

Additional Emergency Information

Emergency Contact: Phone Number: Doctor's Name: Phone Number: Health Insurance and Number:

Does minor have any medical or learning conditions or other circumstances that ECB should be aware of?