

EVERGREEN CITY BALLET POLICY & WAIVER AGREEMENT

All tuition and fees are non-refundable. A \$35 fee will be assessed for any returned check.

COMMITMENT TO ATTEND CLASS

Students should consistently attend class. This commitment is necessary to maximize the full benefit of dance instruction for every student in the class.

BOARD OF DIRECTORS

The student and/or guardian hereby agrees to the following: No permission is granted to anyone to make purchases or any agreement, written or otherwise, that will obligate Evergreen City Ballet 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/commitment 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 participating in activities sponsored by Evergreen City Ballet.

I/We 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 a student of Evergreen City Ballet.

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.

_____ Dated: _____

Signature (1ST Parent/Custodian) **Printed Name**

Daytime Phone Number: _____ Evening Phone Number: _____

Cell Number: _____ Email Address: _____



_____ Dated: _____

Signature (2nd Parent/Custodian) **Printed Name**

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: _____

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

