



## SUMMER INTENSIVE PROGRAM 2012 Registration Form

Date: \_\_\_\_\_

**Non-Refundable Registration Fee: \$25.00**

No fee for 11/12 registered school students

*Due upon registration: a Non-Refundable deposit equal to one-half your tuition and the \$25 registration fee. Balance is due by June 15, 2012. Auditions accepted through Saturday, June 9, 2012.*

**I will attend:**

|                           |   |               |
|---------------------------|---|---------------|
| <b>Intermediate Level</b> | _____ <b>Session 1</b> (July 2 - July 20)       | <b>\$799</b>  |
| <b>Intermediate Level</b> | _____ <b>Session 2</b> (July 23 – August 10)    | <b>\$799</b>  |
| <b>Intermediate Level</b> | _____ <b>Both Sessions</b> (July 2 – August 10) | <b>\$1499</b> |
| <b>Advanced Level</b>     | _____ <b>Session 1</b> (July 2 - July 20)       | <b>\$849</b>  |
| <b>Advanced Level</b>     | _____ <b>Session 2</b> (July 23 – August 10)    | <b>\$849</b>  |
| <b>Advanced Level</b>     | _____ <b>Both Sessions</b> (July 2 – August 10) | <b>\$1599</b> |

**Housing** \_\_\_\_\_ **Session 1** \_\_\_\_\_ **Session 2** or \_\_\_\_\_ **Both**

Each session Monday - Friday, 10 am - 4 pm for 3 weeks and subject to change

Student Name: \_\_\_\_\_  

Last
First
Middle

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_  

Month/Day/Year

E-mail Address: \_\_\_\_\_  

(Print clearly and list all email addresses you would like to receive summer program information)

Address: \_\_\_\_\_  

Street
City
State
Zip

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  

(or Custodian's) Last First
(or Custodian's) Last First

Address: \_\_\_\_\_  

(Mailing, if other than above) Street
City
State
Zip

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  

Home
Work (Optional)
Cell (Optional)

Parent Employer: \_\_\_\_\_  

Name
Address

What ballet school do you attend? \_\_\_\_\_

How long have you been dancing? \_\_\_\_\_ Are you En Pointe? \_\_\_\_\_

How did you hear about Evergreen City Ballet? \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH A CHECK OR MONEY ORDER FOR THE DEPOSIT & REGISTRATION FEE TO:**  
 Evergreen City Ballet, 2230 Lind Ave SW, Ste 109, Renton, WA 98057

|                      |  |  |  |  |
|----------------------|--|--|--|--|
| For office use only: |  |  |  |  |
|----------------------|--|--|--|--|



## 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.

### Permission to Leave the Evergreen City Ballet Building

I/We understand that ECB is not responsible for my dancer once he/she leaves the ECB building. With my/our signature on this form, I/we give this registered dancer permission to leave the ECB building during lunch at 12pm on any given day to go:

- To any shops/stores area.
- Anywhere with anyone.
- Other \_\_\_\_\_
- Registered dancer is NOT ALLOWED TO LEAVE the ECB building.

\_\_\_\_\_  
Signature of Parent or Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Custodian

\_\_\_\_\_  
Date



MEDICAL EMERGENCY AUTHORIZATION

I/We, the undersigned parent(s) or legal custodian(s) of \_\_\_\_\_, a minor, do hereby authorize the 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 the 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 advice 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 the 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: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\_\_\_\_\_ Dated: \_\_\_\_\_

Signature (2nd Parent/Custodian) Printed Name

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ E-mail 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? \_\_\_\_\_