



Level for Spring 2011

2010-2011 School Year
Student Enrollment Form

Please call Missy Rust at 379-1188 or email missy@indianaballetconservatory.org with registration or admissions questions.

This enrollment form is for the 2010-2011 school year, from August 16, 2010 through May 14, 2010.

Student Information

Student's Name _____ Preferred Name (if applicable) _____

Please print name as it should appear in IBC publications _____

Birth Date _____ Age as of August 16, 2010 _____ years _____ months *Age as of Jan. 1, 2011 _____
(mm/dd/yyyy)

Mother's Name/Guardian's Name: _____

Cell # _____ Work # _____

Primary Email _____ Add'l Email _____

Father's Name/Guardian's Name _____

Cell # _____ Work # _____

Primary Email _____ Add'l Email _____

Student's Street Address _____ Home # _____

City _____ State _____ Zip _____

Current and Prior Ballet Schools/Classes _____

School District _____ Name of School _____

Parent/Guardian gives permission for name, address, and phone number to be published by IBC or the IBC Parents' Association for carpool and phone tree purposes. Initial _____

Please let us know how you heard about IBC _____

Medical Information

Please list any food allergies _____

Is there any history of prior physical injury/serious illness? _____ Yes _____ No

If yes, please explain: _____

If yes, do you have medical clearance to participate from a doctor? _____ Yes _____ No

Please circle one: I do/do not give my permission for an IBC staff member to administer over-the-counter medication as needed to my child. Initial _____

Health Insurance

Health Insurance Policy Number: _____

Carrier's name and address: _____

If emergency medical treatment is required, parents/guardians are responsible for charges incurred. Initial _____

Medical Release in Case of Emergency

Student Name _____ Emergency Contact Person _____
(other than parents/guardians)
Relationship to Student _____ Cell # _____ Home # _____
Street Address _____ City _____ State _____ Zip _____

I will be contacted in the event of a medical emergency. If I cannot be reached, my emergency contact person will be notified. If I cannot be reached, I hereby authorize the Indiana Ballet Conservatory or its appointed representatives to authorize medical care. I hereby give permission for my child receive emergency treatment from a medical professional recommended by the Indiana Ballet Conservatory if I cannot be reached. In the event of a non-emergency medical situation, the Indiana Ballet Conservatory may recommend a medical professional for care. The decision whether to consult a medical professional for non-emergency care will be my decision.

Parent/Guardian Signature: _____ Date: _____

Liability Waiver

I understand that the Indiana Ballet Conservatory is not responsible for any injuries sustained prior to the beginning of classes. I recognize that my child's participation may expose him/her to the risk of injury or harm. I accept this risk and hereby release the Indiana Ballet Conservatory, its agents and employees from all liability for personal injury, illness, or property damage occurring during instruction or performance, whether or not caused by negligence of the Indiana Ballet Conservatory, its agents or employees. I understand that any studio, gymnasium, or theater is not accountable for any injury, illness, or property damage occurring during instruction or performance whether or not caused by negligence of its agents or employees. I certify that my child is in good health and capable of participating in all of the activities and classes. I understand that dance instruction involves kinetic corrections to the body that may involve physically touching the student as part of regular class work and rehearsals. I fully understand that the use of alcohol, tobaccos, illegal drugs and/or demonstration of unacceptable standards of behavior will result in the dismissal of my child from the program with no tuition refund.

Parent/Guardian Signature: _____ Date: _____

Media Release

Having consented to the participation of my child in classes, activities, and performances at IBC, I understand that during such participation, my child or my child's class may be photographed or videotaped for educational, news, media, and/or promotional purposes. I hereby give IBC permission to release pictures, video and/or other communication that may include me or my child to the media including, but not limited to, newspapers, radio or television coverage of IBC classes and events, and to the use of such images in IBC newsletters, bulletin boards, website and any other internet presence. By signing this Media Release, I represent that I have legal authority over and custody of the Student named herein, and I give IBC permission to use my child's name/likeness as outlined above.

Parent/Guardian Signature: _____ Date: _____

Class Cancellation Information

It may occasionally become necessary for the Conservatory to cancel a scheduled class. Classes may be cancelled due to severe weather, teacher illness, lack of substitute teacher availability, conflict with the schedule of performance rehearsals, or other unforeseen reasons. Notice will be given as far in advance as possible. Cancelled classes will normally not be rescheduled. Students who wish to make up cancelled classes are welcome and encouraged to do so, by taking a makeup class at the same level or one level lower than the student's regular class. Please notify the office if you intend to take a class to make up for a cancelled class.

Parent/Guardian Signature: _____ Date: _____

Refund Policy

Interested students are encouraged to take one or two complimentary classes to find out first hand about IBC's program. Once a student is enrolled, tuition is due and payable, and is non-refundable, with the following exceptions:

- 1. Students whose classes are cancelled for insufficient enrollment will be given their choice of a pro-rated account credit or tuition refund.**
- 2. Students who withdraw for medical reasons with physician documentation will be given their choice of a pro-rated account credit or tuition refund.**

Parent/Guardian Signature: _____ Date: _____