

Kansas City Ballet School ^W

2009-2010 Registration Form

CONTACT INFORMATION - please print

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Student is: Male Female Date of Birth: _____ Age: _____

School Attending: _____ 2009-2010 Grade: _____

**Downtown
Campus**

**Johnson
County
Campus**

Mother/Guardian Information:

Name: _____

Phones: Home () _____

Cell () _____

Work () _____

Email: _____

Place of Employment: _____

Student resides with (at above address): Mother Father Guardian

Father/Guardian Information:

Name: _____

Phones: Home () _____

Cell () _____

Work () _____

Email: _____

Place of Employment: _____

Emergency Contact

Name: _____ Relation to Child: _____ Emergency Phone: () _____

SELECT CLASS - please circle the appropriate level

Student Division:

CM3 CM4/5 PBK

PB1 PB2 Level 1

Level 2 Level 3 Level 4

Level 5 Level 6 Level 7

Open Division:

Beg Ballet Int/Adv Ballet

Jazz Youth Jazz

Yoga Pilates

Other

If there is a choice of days please
circle the days attending:

Mon. Tues. Wed.

Thurs. Fri. Sat.

PAYMENT

I Will Pay by Credit Card:

Monthly automatic payments (8) Semester automatic payments (2)

Once for: \$ _____

Payment Information:

AmEx Discover MasterCard Visa

Name on Card: _____

Credit Card Number: _____

Exp. Date: _____ 3-digit Security Code: _____

Signature: _____

I Will Pay by Check:

Monthly Semester Year

Enclosed is my first payment made payable to the
Kansas City Ballet School.

Check #: _____ Amount: _____

I Will Pay by Cash: Monthly Semester Year

**NOTE: \$15 registration fee per student MUST be
added to FIRST payment except for open division.**

I would like to support Kansas City Ballet School.

I've enclosed a tax-deductible gift of \$ _____

PLEASE RETURN completed registration and payment before the first day of classes.

Registration is not complete without the medical forms and notarized waiver.

Downtown Campus Registrations
Kansas City Ballet School
1616 Broadway
Kansas City, MO 64108

Johnson County Campus Registrations
Kansas City Ballet School
5359 W. 94th Terrace
Prairie Village, KS 66207

FOR MORE INFO:

Phone: 816.931.2299
Toll-Free: 888.968.2538
school@kcballet.org
www.kcballet.org

WAIVER AND RELEASE

PLEASE READ THIS FORM CAREFULLY. BE AWARE IN REGISTERING YOURSELF OR YOUR MINOR CHILD/WARD FOR PARTICIPATION IN ANY DANCE OR FITNESS CLASS INCLUDING BUT NOT LIMITED TO CREATIVE MOVEMENT, PRE BALLET, JAZZ, BALLET, POINTE, VARIATIONS, PARTNERING, CHARACTER, FLAMENCO, MODERN, PILATES, YOGA, EXERCISE WITH AND WITHOUT RESISTIVE TUBING, STRETCHING AND OTHER SCHOOL-RELATED ACTIVITIES THAT YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU OR YOUR MINOR CHILD/WARD MIGHT SUSTAIN ARISING FROM PARTICIPATING IN ANY OF THE AFOREMENTIONED ACTIVITIES.

**KANSAS CITY BALLET SCHOOL
WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT
DURING THE TIME PERIOD OF SEPTEMBER 1, 2009 THROUGH AUGUST 31, 2010**

I recognize and acknowledge that there are certain risks of physical injury to participants in classes including but not limited to CREATIVE MOVEMENT, PRE BALLET, JAZZ, BALLET, POINTE, PARTNERING, CHARACTER, FLAMENCO, MODERN, PILATES, YOGA, EXERCISE WITH AND WITHOUT RESISTIVE TUBING, STRETCHING AND OTHER SCHOOL-RELATED ACTIVITIES, and I agree to assume full risk of injuries, damages, or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all said aforementioned activities.

By my signature below, I certify that I and/or my minor child are physically able to participate in classes and do hereby agree that this business, owners, employers, contractors, assistants or agents are not responsible or liable to me for any injury, accident, or loss of personal property. I do hereby release this business and its employees, contractors, assistants, owners and agents from any claim or cause of action which may have occurred as a result of participation in classes or as a result of any medical problem known or unknown which I have knowledge presently or in the future. I agree to waive and relinquish all claims I or my minor child/ward may have against Kansas City Ballet School and its owners, agents, employees, contractors, instructors, and assistants as a result of participating in classes including but not limited to CREATIVE MOVEMENT, PRE BALLET, JAZZ, BALLET, POINTE, PARTNERING, CHARACTER, FLAMENCO, MODERN, PILATES, YOGA, EXERCISE WITH AND WITHOUT RESISTIVE TUBING, STRETCHING AND OTHER SCHOOL-RELATED ACTIVITIES.

I further agree to indemnify and hold harmless and defend Kansas City Ballet School, and its owners, agents, employees, contractors, instructors, and assistants from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with classes including but not limited to CREATIVE MOVEMENT, PRE BALLET, JAZZ, BALLET, POINTE, PARTNERING, CHARACTER, FLAMENCO, MODERN, PILATES, YOGA, EXERCISE WITH AND WITHOUT RESISTIVE TUBING, STRETCHING AND OTHER SCHOOL-RELATED ACTIVITIES.

In the event of an emergency, I authorize Kansas City Ballet School or its agents to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of all hospital and medical charges which are incurred. I recognize and acknowledge that Kansas City Ballet School or its agents will not be responsible for honoring specific hospital or healthcare provider preferences.

I hereby give the Kansas City Ballet School the absolute right and permission to use my and/or my minor child's name, image, interview, performance or other auditory or visual image as a Kansas City Ballet School or Recital participant and copyright and/or publish, or use pictures, or videotapes, of me and/or my minor child of which the inclusion is in whole or in part, made through any media or Internet website at its studios or elsewhere, for research, education, advertising, trade or any other lawful purpose whatsoever whether taken in the classroom, prior to, or after class, at a Studio event, or a dance performance, dress rehearsal, or dance recital and whether these events are within, pre, or post the enrolled semester. I hereby waive any right that I may have to inspect and/or approve the finished product that may be used in connection therewith, or the use to which it may be applied.

I have read and fully understand the above Waiver and Release of All Claims and Permission to Secure Treatment.

As a condition of the Student's enrollment, the Student and family members and/or guests shall abide by the Kansas City Ballet School Policies. The undersigned acknowledges receipt of a copy of the Kansas City Ballet School Policies (online at www.kcballet.org or at Kansas City Ballet School).

NOTARY CERTIFICATION

PRINTED STUDENT NAME

State of _____

SIGNATURE of PARENT/GUARDIAN for
participants under 18 years or
Participant signature if over 18

County of _____

Subscribed and sworn before me this
_____ day of _____, 2009

Date

Notary Signature
My Commission Expires: _____

Health History Information

Please check any following conditions, which apply to you:

Weight: _____ Height: _____

| | <i>YES</i> | <i>NO</i> | | <i>YES</i> | <i>NO</i> |
|----------------------------|-------------------|------------------|---------------------------|-------------------|------------------|
| Allergies-Food/Medic. | _____ | _____ | Headaches | _____ | _____ |
| Anemia | _____ | _____ | Heart Disease | _____ | _____ |
| Appendicitis | _____ | _____ | Hepatitis | _____ | _____ |
| Arthritic Condition | _____ | _____ | Hernia Problems | _____ | _____ |
| Asthma/Hay Fever | _____ | _____ | High/Low Blood Pressure | _____ | _____ |
| Back Problems | _____ | _____ | Hospitalizations | _____ | _____ |
| Bleeding Disorder | _____ | _____ | Infectious Mono | _____ | _____ |
| Bone/Joint Pain | _____ | _____ | Kidney Disorder | _____ | _____ |
| Chickenpox | _____ | _____ | Lung Disorder | _____ | _____ |
| Constipation/Diarrhea | _____ | _____ | Operations | _____ | _____ |
| Convulsions/Epilepsy | _____ | _____ | Rheumatic Fever | _____ | _____ |
| Current Medication | _____ | _____ | Serious Injury | _____ | _____ |
| Depression | _____ | _____ | Skin Problems | _____ | _____ |
| Diabetes | _____ | _____ | Sleeping Disorder | _____ | _____ |
| Ear, Nose, Throat Problems | _____ | _____ | Special Diet Requirements | _____ | _____ |
| Fainting/Dizziness | _____ | _____ | Ulcers/Indigestion | _____ | _____ |
| Glasses/Contacts Wearer | _____ | _____ | Urinary Tract Infections | _____ | _____ |
| Gum/Teeth Problems | _____ | _____ | Weight Loss/Gain | _____ | _____ |
| Other | _____ | _____ | | | |

If you answered "Yes" to any of the above, please elaborate: _____

Have you ever received treatment for emotional problems? If yes, please elaborate: _____

Were you hospitalized? If yes, please elaborate: _____

Proof of Immunization

Please submit one of the following:

A personal record signed by a health-care giver / A signed physician or clinic report

A copy of your school immunization record

Dates of last immunizations

MMR _____

DT Booster _____

Combined Measles, Mumps, Rubella _____

Diphtheria-Tetanus _____

OR

Measles _____ Mumps _____ Rubella _____

Note: All entering college students born after 1956 should have 2 doses of the live Measles vaccine. A tetanus booster is needed every ten years.