

Kansas City Ballet School

2010-2011 Registration Form

CONTACT INFORMATION - please print

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

School Attending: _____ 2010-2011 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:

CM1 CM2 PBK PB1 PB2 Level 1

Level 2 Level 3 Level 4 Level 5 Level 6 Level 7

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

Mon. Tues. Wed.

Thurs. Fri. Sat.

PAYMENT: You are enrolling your child for the full academic year: Sept. 8, 2010 – May 21, 2011.

I Will Pay by Credit Card:

- Year for: \$ _____ Semester payments (2)
 Monthly payments (8) Please bill my card automatically

Payment Information:

AmEx Discover MasterCard Visa

Name on Card: _____

Credit Card Number: _____

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

Signature: _____

I Will Pay by Check:

- Year Semester Monthly

Check #: _____ Amount: _____

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

I Will Pay by Cash: Monthly Semester Year

Enclosed is my first payment cash amount: \$ _____

I would like to support Kansas City Ballet School.

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

**NOTE: \$25 registration fee per student MUST be
added to FIRST payment except for open division.**

How did you hear about KCBS? Please check all that apply.

- Brochure or other printed materials Ad in KC Parent Website Word of Mouth Other _____

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

Registration is not complete without the medical forms, notarized waiver, and
handbook receipt. No refunds or funds rolled to other programs.

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

KansasCityBalletSchool

W

2010-2011 Registration Form - Open Division

CONTACT INFORMATION - please print

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Phones: Home () _____

Cell () _____

Work () _____

Email: _____

Place of Employment: _____

Downtown
Campus

Johnson
County
Campus

Emergency Contact

Name: _____ Emergency Phone: () _____

SELECT CLASS - please circle the appropriate level

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.

COSTS

Per Class : \$15.00

CLASS CARDS AVAILABLE

5 Classes: \$70.00

10 Classes: \$120.00

20 Classes: \$200.00

PAYMENT

I Will Pay by Credit Card:

Amount \$ _____

Payment Information:

AmEx Discover MasterCard Visa

Name on Card: _____

Credit Card Number: _____

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

Signature: _____

I Will Pay by Check: (made payable to the
Kansas City Ballet School)

Check #: _____ Amount: \$ _____

I Will Pay by Cash: Amount: \$ _____

I would like to support Kansas City Ballet School.
I've enclosed a tax-deductible gift of \$ _____

REGISTER

You may register in person the evening of your first class by bringing the registration forms and payment in early to the school office. Registration is not complete without the signed waiver. No refunds.

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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, 2010 THROUGH AUGUST 31, 2011**

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 _____, 20____

Date

Notary Signature
My Commission Expires: _____

Health History Information

Please check any following conditions, which apply to you:

Weight: _____ Height: _____

	YES	NO		YES	NO
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	_____	_____	Eating Disorder	_____	_____

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.