



Claudia Rudolf Barrett's

ballet tech ohio

a very moving experience

7623 Old 3C Highway, Maineville, OH 45039 * 513 683-6860 * www.balletechohio.org

2008-2009 registration form

PRIMARY CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ ZIP _____

HOME _____ WORK _____ CELL _____

EMAIL _____

Please read the following carefully. Students will not be permitted to attend classes until this form is completed. Please initial by each item and sign and date below..

_____ **SCHOOL POLICY:** I understand that tuition is a yearly fee payable in 9 monthly or 3 trimester payments. Monthly payments are due on the first day of each month (Monthly) or on the first day of September, December and March (trimester) with a \$5 late fee assessed for any tuition paid after the tenth day. Missed classes may be made up. **ballet tech ohio (bto)** does not refund or pro-rate for absences or missed classes due to misconduct, inappropriate attire, or tardiness. If I should need to withdraw from bto, a withdrawal form must be completed and turned in by the 1st day of the month preceding the intended leave. I am responsible for tuition and late fees until the withdrawal form is turned in, regardless of attendance.

_____ **LIABILITY RELEASE:** I am aware that ballet dancing and other dance forms place unusual demands on the body and carry with them the risk of physical injury. On behalf of my student/myself, I assume the risk and agree that the ballet tech ohio school, faculty and any chaperones or agents shall not be liable for any injuries sustained or loss of property during attendance at the school or any of its related functions.

_____ **PHOTO RELEASE:** I give permission for photographs/television footage which may include my student/myself to be used for promotional purposes on television, newspapers, magazines and other communications media.

_____ **EMERGENCY MEDICAL RELEASE:** I give permission for emergency medical care of my student/myself:

MEDICAL INSURANCE _____

AGREEMENT # _____

FAMILY PHYSICIAN & PHONE _____

ALLERGIES _____

OTHER MEDICAL
CONDITIONS _____

STUDENT NAME _____ M / F
(last) (first)

DATE OF BIRTH ____ / ____ / ____

AGE ____ GRADE ____ WEIGHT: ____ HEIGHT: ____ LEOTARD SIZE ____ TIGHT SIZE ____



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and

*Kingdom Institute International Inc.,
The International Church for ALL Nations*

Release of Liability and Medical Release

I _____ (student or parent/legal guardian)
give permission for me and/or the named child _____
to attend class(es) at **ballet tech ohio** and at *Kingdom Institute International Inc., The
International Church for ALL Nations* for the 2008-2009 school year. I release **ballet tech ohio**
and *Kingdom Institute International Inc., The International Church for ALL Nations*, its staff,
sponsors and volunteers from responsibility and liability for any injury or loss that me or my child
may sustain during activities. In the event of an emergency, I authorize **ballet tech ohio** and/or
Kingdom Institute International Inc., The International Church for ALL Nations to act as an agent
for me to consent to any emergency medical treatment such as X-ray examination, medical,
dental, or surgical diagnosis, treatment and hospital care advised or supervised by a physician,
dentist office, surgeon, emergency medical technician and/or nurse, licensed to practice under the
laws for the state where services are rendered, either at a doctor's office, ambulance, dentist
office, in a hospital or on site at **ballet tech oho**. **In the event of an emergency Parents/Legal
guardians will be notified as soon as possible.** I agree to notify Claudia Rudolf Barrett, **ballet
tech ohio** of any changes to emergency contact information.

Signature of student, or parent/legal guardian (if under age 18 years of age).

Print name: _____