



Claudia Rudolf Barrett's  
**ballet tech® of ohio**

a very moving experience

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

Registration Form/Waiver 2010-2011

**First Monthly or trimester tuition and registration fee must be paid August 30th.**  
**If paid by July 30th, registration fee will be waived.**

STUDENT NAME \_\_\_\_\_ M / F  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ LEOTARD SIZE \_\_\_\_\_ TIGHT SIZE \_\_\_\_\_  
FORMER & CURRENT DANCE SCHOOL \_\_\_\_\_  
YEARS ATTENDED \_\_\_\_\_  
TEACHERS \_\_\_\_\_  
CLASSES PER WEEK \_\_\_\_\_ YEARS ON POINTE \_\_\_\_\_

**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 once accepted, tuition is due **by August 30, 2010.**

**ballet tech® of ohio (bto)** does not refund or pro-rate for absences or missed classes due to misconduct, inappropriate attire, or tardiness.

\_\_\_\_\_ **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® of 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 rescue, assessment and emergency medical care of my student/myself. My signature indicates that I have informed Ms. Barrett or the school nurse, Peggy Campbell, RN of any medical problems or restrictions related to my dance training/performing.

MEDICAL INSURANCE \_\_\_\_\_  
ID# \_\_\_\_\_ GROUP# \_\_\_\_\_  
FAMILY PHYSICIAN & PHONE \_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
OTHER MEDICAL \_\_\_\_\_  
CONDITIONS/MEDICATIONS: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENTS/GUARDIAN:** Provide all information below for both if not same as above

**MOTHER** \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
CELL/WORK PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

**FATHER/GUARDIAN (Specify)** \_\_\_\_\_  
CITY/STATE/ZIP (If different from Mother/Guardian) \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL/WORK PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Make note of which class(es) you/your child is taking and make payment accordingly:

Paid ck # \_\_\_\_\_ CREDIT CARD # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ Signature: \_\_\_\_\_

Mail to:  
Claudia Rudolf Barrett, Director  
**ballet tech of ohio**,  
623 Old 3C Highway  
Maineville, Ohio 45039

**For our records**

Please tell us how you heard about **ballet tech® of ohio**

- Yellow Pages
- Newspaper Listing
- Studio Website
- bto performance (which one?: \_\_\_\_\_)
- referral

**ballet tech® of ohio**  
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® of ohio** and at *Kingdom Institute International Inc., The International Church for ALL Nations* for the 2010-2011® of school year. I release **ballet tech® of 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® of 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® of ohio**. **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® of ohio** of any changes to emergency contact information.

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

Print name: \_\_\_\_\_