



Claudia Rudolf Barrett's ballet tech[®] of ohio

a very moving experience

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

Registration Form/Waiver 2009-2010

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, a deposit (as stated above) is due by May 1st, 2009.

Non refundable deposit of \$100 due May 1.

Housing is available with host families.

Fees for Main and Performance workshop:

Non refundable deposit of \$100 due May 1.

50 % Remainder due June 1

Balance due on start date of intensive.

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 _____

AGREEMENT# _____

FAMILY PHYSICIAN & PHONE _____

ALLERGIES _____

OTHER MEDICAL _____

CONDITIONS _____

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 _____

Circle the date(s) of classes you are registering and make payment accordingly:

DEPOSIT: Due May 1, 2009. Paid ck # _____ CREDIT CARD # _____ EXP. DATE: _____

BALANCE: Due by start date of intensive session. Paid ck # _____ CREDIT CARD # _____ EXP. DATE: _____

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 ohio

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