



TOLEDO BALLET

Registration Form 2011/2012

Fall Session

Spring Session

Student's name _____ Date of birth _____ M F

Returning Student? Yes (Please continue with Enrollment Information Section) No (Please continue with contact information)

New Students Only: How did you hear about us? a current student, phone book, newspaper, radio, website, television, other _____

Student's address _____ Local newspaper _____

City _____ State _____ Zip _____ Phone _____

Email Address _____ School attending _____ Most recent grade completed _____

Parent 1 (Primary contact) _____

Parent 2 _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____ Occupation _____

Phone _____ Occupation _____

Employer _____

Employer _____

Employer's Address _____

Employer's Address _____

Phone _____ Email _____

Phone _____ Email _____

Step-parent's name (if applicable) _____

Step-parent's name (if applicable) _____

Emergency Contact _____ Relationship _____

Phone 1 _____ Phone 2 _____

Enrollment Information

If you are new to Toledo Ballet contact School Director, Lisa Mayer, to determine your correct level - 419.471.0049 or email lmayer@toledoballet.net. Please indicate your level and preferred day and time.

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Payment Information

Part A - Tuition Calculation (Please check website for current tuition schedule. Additional discounts are available for a combination of short and long classes. Contact a Toledo Ballet staff member for additional information.)

Number of Long Classes: _____ Tuition: _____

Number of Short Classes: _____ Tuition: _____

Part A Total _____

Part B - Family Discount

If this is the second registration from your family, you may deduct a 15% discount on the lesser tuition.

Part B Total: _____

Part C - Registration Fee

Remit registration fee of \$25 once annually. (\$12.50 for students enrolling for the first time in the spring.)

If a current member of the Toledo Ballet Association, this fee is waived. To become a member, see Part D.

Part C Total..... _____

Part D - Toledo Ballet Association Membership

Join the Toledo Ballet Association and receive valuable member benefits.

Please check one: \$40 Plie \$80 Grand Plie \$150 Tendu \$250 Pirouette \$500 Fouette \$750 Grand Jete
Other: \$ Please contact me about additional giving levels. My employer provides matching gifts? Yes No

Part D - Toledo Ballet Association Membership Total

Part E - Toledo Ballet Guild Membership

I would like to join the Toledo Ballet Guild. Annual Membership \$5.00

Part E - Toledo Ballet Guild Membership Total

Part F - Total Payment

Total Amount Due

(Part A, Part B, Part C, Part D & Part E)

I am choosing: payment in full auto pay installment plan self pay installment plan (\$30 will be added to your first installment)

First Installment

Check Checking Withdrawal (Please attach voided check.) Visa/Master Card/Discover

If you have elected the auto pay installment plan: I understand that three additional installments will be billed to my charge card or deducted from my account on the first of the month. Yes No

Credit Card No. Exp. Date

Name on Card

Get Involved! I want to help. Please contact me about:

- Volunteer Opportunities Making a contribution/becoming a member Dance education programs in the schools Discounted group bookings for productions

Is any member of your family a former Toledo Ballet student? If so, who?

Toledo Ballet Association Participation Agreement, Refund Policy, Release of Liability and Medical Authorization

- 1. The undersigned student or parent/guardian hereby consents to my or my daughter or son's participation in the classes, programs, rehearsals, and performances ("Activities") at the Toledo Ballet or contracted theater space. In consideration of my child's participation in such Activities, in addition to the payment of any fee, I do hereby waive, release and forever discharge the Toledo Ballet Association and its trustees, agents, employees, instructors, and all others ("Releasees") Toledo Ballet from any and all responsibilities or liability for injuries or damages resulting from my or my child's participation in any Activities. I do also release all of the Releasees from any responsibility or liability for any injury or damage to myself or my child, arising out of or connected with my or my child's participation in any Activities with the Toledo Ballet.
2. Tuition is paid by each session and is nonrefundable except if the student should permanently leave the geographical area, or if there is a permanent medical reason with a signed physician's note. Should the student have a temporary medical excuse, a credit for a subsequent term will be applied to their account.
3. Furthermore, I agree to indemnify the Releasees and each of them from any loss, claim, damage, suit, costs, or expenses, including attorneys' fees and court costs, resulting from or arising out of any injury to any person or damage to property, caused by participation of Releasor in any activities at the Toledo Ballet.
4. I further acknowledge that training and performing dance is a potentially hazardous activity. I also understand that such Activities involve a risk of injury and even death and that I am voluntarily participating or voluntarily enrolling my child in these activities with knowledge of the dangers involved. I hereby agree to expressly assume and accept full responsibility for the risks of bodily injury or death while Releasor participates in any Activities with the Toledo Ballet.
5. I understand that photographers are often invited to Toledo Ballet events for publicity purposes. I agree to the use of my or my child's image or likeness in promotional materials including, but not limited to, brochures, newspaper articles, books, and/or television in perpetuity.
6. I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. I further authorize the Toledo Ballet Association to seek medical attention for myself or my child, if in the judgment of the staff members it should be necessary. In the event my child should require medical attention and/or treatment during the course of any Activities and after a reasonable attempt I cannot be contacted for the purpose of consenting to such treatment in a timely manner, I hereby give permission to any hospital, physician, and/or other appropriate health care provider selected by the staff members to undertake any form of medical treatment considered necessary or appropriate by such provider in such event.

Doctor's Name Phone Number

Major medical issues/allergies

Date Signature (student if over 18 years old or Parent/Guardian)