



# TOLEDO BALLET

## 2010 Musical Theater Intensive Registration Form

Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_ M  F

Student 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 \_\_\_\_\_

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

### ***Enrollment Information***

If you didn't attend the auditions, contact School Director, Lisa Mayer, to determine your correct level - 419.471.0049 or email [lmayer@toledoballet.net](mailto:lmayer@toledoballet.net).

Musical Theater Summer Intensive June 28-July 1, 2010 & July 6-July 9, 2010

Previous Musical Theater experience (dance, voice, acting): \_\_\_\_\_

### ***Payment Information***

#### ***Part A - Tuition Calculation***

	Prior to June 21, 2010	After June 21, 2010
Musical Theater Summer Intensive:	<input type="checkbox"/> \$525	<input type="checkbox"/> \$550

**Part A Total**.....

\_\_\_\_\_ **Part A Total**

*(Please turn form over.)*

**Part C - Toledo Ballet Association Membership**

Join the Toledo Ballet Association and receive valuable member benefits.

Please check one: \$35 Plie \$75 Grand Plie \$150 Tendu \$250 Pirouette \$500 Fouette  
\$750 Grand Jete Other: \$ \_\_\_\_\_ Please contact me about additional giving levels.

Does your employer provide matching gifts? Yes No

**Part B - Toledo Ballet Association Membership Total** ..... **Part B Total**

**Part C - Total Payment**

**Total Amount Due (Part A & Part B)** ..... **Part C Total**

First Instalment ..... **Instalment Amount**

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

If you have elected the installment plan, may we bill your charge card or deduct additional installments from your account?

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) \_\_\_\_\_