

# NEW HAVEN BALLET

## Fall Registration 2011 Student Division

### STUDENT INFORMATION

Please enter your contact information [USING BLOCK CAPITALS]:

Student Name: \_\_\_\_\_  Male  Female

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Class Level: \_\_\_\_\_

Previous Dance School: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's/Guardian's First and Last Names: \_\_\_\_\_

Address: \_\_\_\_\_  
Street State Zip

Adult/Parent Email(s): \_\_\_\_\_

Cell Phone(s): (F) \_\_\_\_\_ (M) \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Please enter the student's medical information [USING BLOCK CAPITALS]:

Emergency Contact (other than parents): \_\_\_\_\_

Telephone Day: \_\_\_\_\_ Cell: \_\_\_\_\_ Evening: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Plan/Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Pertinent Medical Information (allergies, medications, physical or learning disabilities, etc.):

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[please complete the other side of this form]

New Haven Ballet  
70 Audubon Street New Haven, CT 06510 203-782-9038  
[www.newhavenballet.org](http://www.newhavenballet.org)

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### TUITION PAYMENT

**Students must fill out this registration form before their first class. If you wish to pay by Credit Card, enter your information below.**

Full tuition due at the beginning of each session. Payment plans are arranged with the approval of the New Haven Ballet Business Manager. Any tuition payment more than 30 days late will be charged a \$20.00 late fee. There is also a \$25.00 charge for returned checks. Once classes have begun, tuition is not refundable. Students who miss class or withdraw before the end of the session are still obligated for the full tuition without exception unless the class is canceled. Students are eligible for a pro-rated tuition refund only if they withdraw from classes due to prolonged illness or severe injury, verified by a doctor's certificate.

- Full tuition and \$35 registration fee is due before the registration can be processed.
- Please make checks payable to NEW HAVEN BALLET.

Enclosed is a check for the full balance due.

Please charge my credit card the amount of \$ \_\_\_\_\_ (Visa or Mastercard only)

Name on Card \_\_\_\_\_ Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

### DO NOT SEND CREDIT CARD INFORMATION VIA EMAIL

**Please return this form with payment to:**

**Registrations, New Haven Ballet, 70 Audubon St., New Haven, CT 06510**

Telephone: (203) 782-9038

### NEW HAVEN BALLET POLICY ACKNOWLEDGEMENTS

**Please read the following terms & conditions and sign below.**

**Photo Waiver:** I hereby irrevocably consent to and authorize the use of reproduction by New Haven Ballet of any and all photographs, recordings, videotapes and/or other reproduction or likenesses of the student's person or characteristics (reproductions) which have been secured by or for New Haven Ballet, for any purpose whatsoever, without compensation to the student. All reproductions shall constitute the property of New Haven Ballet, solely and completely. Further, I assign and release all rights to said reproductions and authorize New Haven Ballet, or others authorized by it, to exhibit, broadcast, and/or distribute or otherwise further reproduce said newspapers, closed circuit television, website, film, cable, and television, with or without compensation in perpetuity. I also release, discharge, and agree to hold harmless the producers or any persons, or entities acting under their permission or authority from any liability arising from the use of said reproductions.

I/we agree to the above stated waiver

I/we do not agree to the above stated waiver

 **Signature:** \_\_\_\_\_ **Signed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardian or Student if over 18) (Print your name)

**Medical Consent and Liability Waiver:** I hereby consent to the participation of in New Haven Ballet programs. I am aware that all forms of dance and the rigorous exercises associated with it place unusual stresses on the body and carry with them the possible risk of physical injury. I assume this risk and agree that New Haven Ballet, its staff, and the New Haven Ballet facilities shall not be liable in any way for injuries I or my child sustain during attendance in this program.

**I agree that I will not hold New Haven Ballet, Inc. or any of its employees liable for injuries or illness contracted by me or my child while a student at New Haven Ballet.**

**YOUR SIGNATURE BELOW INDICATES YOU HAVE READ AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES LISTED ON THE REGISTRATION FORM:**

 **Signature:** \_\_\_\_\_ **Signed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardian or Student if over 18) (Print your name)

NEW HAVEN BALLET  
Fall Registration 2011

### Office Use Only:

**Registration Form Received:** \_\_\_\_\_  **Registration Fee Received**

**Registration Entry Updated:** \_\_\_\_\_ **Check #** \_\_\_\_\_