

# 2011-2012 School Year Student Enrollment Form

Please call our Merrillville Studio Office at 755-4444 • DeMotte Studio Office at 987-6601  
or email [info@ibtnw.org](mailto:info@ibtnw.org) with registration or admissions questions.

This enrollment form is for the 2011-2012 school year, from August 22nd 2011, through Recital 2012.

## Student Information

Student's Name \_\_\_\_\_ Preferred Name (if applicable) \_\_\_\_\_

Please print name as it should appear in IBT publications \_\_\_\_\_

Student's Birthdate \_\_\_\_\_ Age as of August 23rd 2011 \_\_\_\_\_ years \_\_\_\_\_ months  
(mm/dd/yyyy)

Mother's Name/Guardian's Name \_\_\_\_\_ Cell# \_\_\_\_\_

Father's Name/Guardian's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Primary Email \_\_\_\_\_

Home # \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Classes interested in \_\_\_\_\_

Grade School District \_\_\_\_\_ Name of School \_\_\_\_\_

Parent/ Guardian gives permission for name, address, and phone number to be published to the IBT Parents' Association for phone tree purposes. Initial \_\_\_\_\_

Please let us know how you heard about IBT \_\_\_\_\_

## Medical Information

Please list any food allergies \_\_\_\_\_

Is there any history of prior physical injury/serious illness? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

If yes, do you have medical clearance to participate from a doctor? \_\_\_\_ Yes \_\_\_\_ No

## Medical Release in Case of Emergency

Student's Name \_\_\_\_\_ Emergency Contact Person \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I will be contacted in the event of a medical emergency. If I cannot be reached, my emergency contact Person will be notified. If I cannot be reached, I hereby authorize Indiana Ballet Theatre or its appointed representatives to authorize medical care. I hereby give permission for my child to receive emergency treatment from a medical professional recommended by Indiana Ballet Theatre if I cannot be reached. In the event of a non-emergency medical situation, Indiana Ballet Theatre may recommend a medical professional for care. The decision whether to consult a medical professional for non-emergency care will be my decision.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Liability Waiver**

I understand that Indiana Ballet Theatre (IBT) is not responsible for any injuries sustained prior to the beginning of classes. I recognize that my child's participation may expose him/her to the risk of injury or harm. I accept this risk and hereby release Indiana Ballet Theatre, its agents and employees from all liability for personal injury, illness, or property damage occurring during instruction or performance, whether or not caused by negligence of Indiana Ballet Theatre, its agents or employees. I understand that any studio, gymnasium, or theater is not accountable for any injury, illness, or property damage occurring during instruction or performance whether or not caused by negligence of its agents or employees. I certify that my child is in good health and capable of participating in all of the activities and classes. I understand that dance instruction involves kinetic corrections to the body that may involve physically touching the student as part of regular class work and rehearsals. I fully understand that the use of alcohol, tobaccos, illegal drugs and/or demonstration of unacceptable standards of behavior will result in the dismissal of my child from the program with no tuition refund.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Media Release**

Having consented to the participation of my child in classes, activities, and performances at IBT, I understand that during such participation, my child or my child's class may be photographed or videotaped for educational, news, media, and/or promotional purposes. I hereby give IBT permission to release pictures, video and/or other communication that may include me or my child to the media including, but not limited to, newspapers, radio or television coverage of IBT classes and events, and to the use of such images in IBT newsletters, bulletin boards, website and any other internet presence. By signing this Media Release, I represent that I have legal authority over and custody of the Student named herein, and I give IBT permission to use my child's name/likeness as outlined above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Class Cancellation Information**

It may occasionally become necessary for IBT to cancel a scheduled class. Classes may be cancelled due to severe weather, teacher illness, lack of substitute teacher availability, conflict with the schedule of performance rehearsals, or other unforeseen reasons. Notice will be given as far in advance as possible. Cancelled classes will normally be made up. Students who wish to make up cancelled classes are welcome and encouraged to do so, by taking a makeup class at the same level or one level lower than the student's regular class. Please notify the office if you intend to take a class to make up for a cancelled class.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Refund Policy**

Interested students are encouraged to take one complimentary class to find out first hand about IBT's program. Once a student is enrolled, tuition is due and payable, and is non-refundable, with the following exceptions:

- Students whose classes are cancelled for insufficient enrollment will be given their choice of a pro-rated account credit or tuition refund.
- Students who withdraw for medical reasons with physician's documentation will be given their choice of a pro-rated account credit or tuition refund.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_