

THE SCHOOL of PENNSYLVANIA BALLET

Angel Corella, Artistic Director
Anastasia Babayeva & Denis Gronostayskiy, Principals

Summer 2017 Registration Form

Summer Intensive: June 26- July 28, 2017
Company Experience: July 31- August 4, 2017 (ages 16-21)
Young Dancer Workshop: July 31- August 4, 2017 (ages 11-15)

Registration Forms due by February 10, 2017.

Registration Fee: ¥10,000

STUDENT INFORMATION

Student's Name: _____ DOB: __ / __ / __ Age: ____
Academic School: _____ Grade: _____ Gender: _____
Home Address: _____ City: _____ State: _____
Zip Code: _____ County: _____ Home Phone: _____
Student Cell#: _____ Student E-mail: _____

PARENT/GUARDIAN INFORMATION

1. Name: _____ Relationship to Student: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell#: _____ Home#: _____ Work#: _____
E-Mail: _____ Employer: _____ Occ.: _____

2. Name: _____ Relationship to Student: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell#: _____ Home#: _____ Work#: _____
E-Mail: _____ Employer: _____ Occ.: _____

ADDITIONAL EMERGENCY CONTACT

Name: _____ Relationship to Student: _____
Cell#: _____ Home#: _____ E-mail: _____

Tuition:

Level 1: 5 Days a week \$650
Level 2: 5 Days a week \$1750
Levels 3-8: 6 Days a week \$2550
Company Experience \$650.00
Young Dancer Workshop \$650.00

HOUSING INFORMATION

Available for Levels Intermediate/Advance; age 12 to 19 (Includes full meal plan and 24-hour chaperones**)

Room and Board		1st Payment Due at Registration	2nd Final payment Due by May 13th
Summer Intensive	\$3,200.00	\$800.00	\$2,400.00
Company Experience	\$700.00	\$200.00	\$500.00

** Housing options (e.g. trip fees, etc.) will be provided upon registration.

Please circle one: Levels: 1 2 3-8 Company Experience Young Dancer Workshop

Registration Fee	¥	10,000
Summer Intensive tuition 1 st payment	\$	_____
Company Experience tuition 1 st payment	\$	_____
Young Dancer Workshop tuition 1 st payment	\$	_____
Summer Intensive Housing 1 st payment	\$	_____
Company Experience Housing 1 st payment	\$	_____
Young Dancer Workshop Housing 1 st payment	\$	_____
Late fee \$50.00 for payments made after Feb. 25, 2017	\$	_____
TOTAL DUE	\$	_____

Checks and Money Orders payable to: *The School of Pennsylvania Ballet*

Credit Card Information: ___M/C ___ Visa Amt. to be charged _____

Card Number: _____ Exp. Date: _____ Code: _____

Name on Card: _____ Signature: _____

Housing is only available for students attending all 5 weeks

Checks and Money Orders payable to: *The School of Pennsylvania Ballet*

Credit Card Information: ___M/C ___ Visa Amt. to be charged _____

Card Number: _____ Exp. Date: _____ Code: _____

Name on Card: _____ Signature: _____

RELEASES AND AUTHORIZATIONS (Required for Enrollment)

I understand that I am responsible for the entire tuition of classes for which I have registered. Tuition is non-refundable/non-transferable. Students who have registered for the program and subsequently need to withdraw due to a major injury preventing any dancing, after full payment of fees but prior to June 15th may submit a letter of explanation from a licensed physician; at that time The School of Pennsylvania Ballet will consider credit of the second payment. Should a student withdraw in the beginning or middle of the program, the remaining tuition will be forfeited to The School of Pennsylvania Ballet. The School of Pennsylvania Ballet is not liable or obligated in any way to process any refunds or issue any tuition credits. The application fee, first payment and the full housing tuition is non-refundable/non-transferable under any circumstances. I understand I am responsible for the full housing payment, even if the student withdraws from the program before the final housing payment is due.

Instructional Understanding: It is understood that the nature of dance instruction involves kinetic corrections that may include physically touching a student as part of regular class work and rehearsals. Parents of students with any concerns in this area should speak with the School Director.

Photo Consent: I hereby consent to and authorize the use and reproduction by Pennsylvania Ballet and The School of Pennsylvania Ballet of any and all photographs, recordings, videotapes and/or other reproductions of my child's likeness for any purpose, whatsoever, without compensation. All images shall constitute the property of Pennsylvania Ballet and The School of Pennsylvania Ballet, solely and completely. Further, I assign and release all rights to said images and authorize Pennsylvania Ballet, or others authorized by them, to exhibit, broadcast, and/or distribute or otherwise further reproduce said images in whole or in part over or in any medium whatsoever, including newsletters, radio, newspapers, film, cable and television.

Medical Consent and Liability Waiver: I am aware that dance and the nature of the training and performing associated with The School of Pennsylvania Ballet place unusual stress on the body and carry with them the risk of physical injury. I understand that as parent/guardian I will be contacted if medical attention is required during class time. If I cannot be reached, I hereby authorize The School of Pennsylvania Ballet to arrange for treatment as necessary. I shall indemnify, hold harmless and defend Pennsylvania Ballet, its officers, boards, agents and employees, against any and all claims, actions, or suits brought for damages or alleged damages, and from all liability, loss and expense, including reasonable legal expenses, resulting from any injury to person or property or from loss of life sustained by my child while a student at The School of Pennsylvania Ballet or while he/she is fulfilling a role in any Pennsylvania Ballet production or event in which he/she has been invited to participate on or about Pennsylvania Ballet premises or other venue where such activity is taking place.

Authorization for Substituted Consent and Emergency Contact Information

I hereby grant permission to the Director of The School of Pennsylvania Ballet or anyone designated by the Director, and to those persons listed below as emergency contacts to authorize emergency medical or surgical treatment, including, but not limited to, blood or blood product transfusions, diagnostic procedures, and the administration of anesthesia, for Student where medically appropriate in case of injury, accident, or illness: subject, however, to the following limitations (if none, so state): This authorization is given for the benefit of Student. The authorization given to the Director is given with the understanding that the Director, or the Director's designee, (1) will act only in my absence, and (2) will act only until such time as I or my spouse or the Student's legal guardian or the persons designated below can be contacted. I understand that the medical appropriateness of such treatment shall be determined by the attending physician or by the medical facility's medical staff, and that such a determination shall be conclusive evidence of the reasonableness of the consent given. I agree to hold the Director, anyone designated by the Director of The School of Pennsylvania Ballet and any employees, officers and directors harmless from liability arising from any and all medical treatment, or complications arising there from, rendered as a result of consent given pursuant to this authorization.

I understand that in signing this Registration Form, I am agreeing to accept the guidelines of The School of Pennsylvania Ballet as set forth in this document. The School of Pennsylvania Ballet reserves the right to terminate a student's enrollment if they are unable to participate in accord with the school expectations of attendance or conduct. I understand that violation of any rule maybe grounds for instant dismissal from the Summer Intensive. I understand that should my actions warrant, I may be asked to leave the School and my parents/guardians would be responsible for expenses incurred in order for me to return home. In such situation I understand no refund of tuition of fees will be forthcoming.

Parent/Guardian Signature: _____

Date: _____

THE SCHOOL of PENNSYLVANIA BALLET

Angel Corella, Artistic Director
Anastasia Babayeva & Denis Gronostayskiy, Principals

Student Medical Form Summer Intensive 2017

A physical examination is required for the summer intensive. Please complete section 1, STUDENT INFORMATION. Please have your doctor complete section 2, PHYSICIAN'S REPORT.

This form is due by May 13, 2017.

1. STUDENT INFORMATION

Student Name: _____ Phone: _____

Birth Date: _____ Age: _____ Sex: M ___ F ___ Level: _____

Address: _____

City: _____ State: _____ Zip: _____

In the case of a medical emergency, the School will make every effort to contact you.

Parent 1 _____ Phone: _____

Parent 2 _____ Phone: _____

Emergency Contact _____ Rel. to student _____ Phone: _____

Name of Insurance Carrier: _____ Phone: _____

Address: _____

Name of Subscriber: _____ Rel. to student _____

Type of Policy: _____ Policy Number: ID Number: _____

PLEASE ATTACH COPIES OF YOUR HEALTH INSURANCE AND PRESCRIPTION PLAN CARDS (if any) TO THIS FORM.

Does the student have any illness, injury, allergies or condition of which we should be aware:

Yes: _____ No: _____

If YES, please explain: _____

I give permission to The School of Pennsylvania Ballet staff to administer the following medications in age appropriate doses to my child on an as-needed basis:

	Yes	No
Tylenol/Ibuprofen/Advil	_____	_____
Decongestants	_____	_____
Antihistamines	_____	_____
Antacids/PeptoBismol	_____	_____
Benadryl	_____	_____

Signature of Parent/Legal Guardian: _____ Date: _____

THE SCHOOL of PENNSYLVANIA BALLET

Angel Corella, Artistic Director
Anastasia Babayeva & Denis Gronostayskiy, Principals

Student Medical Form Summer Intensive 2017

Medical Consent and Liability Waiver: I am aware that dance and the nature of the training and performing associated with The School of Pennsylvania Ballet place unusual stress on the body and carry with them the risk of physical injury. I understand that as parent/guardian I will be contacted if medical attention is required during class time. If I cannot be reached, I hereby authorize The School of Pennsylvania Ballet to arrange for treatment as necessary. I waive all rights and release Pennsylvania Ballet, its officers, boards, agents and employees, and shall indemnify, hold harmless and defend any such parties, against any and all claims, actions, or suits brought for damages or alleged damages, and from all liability, loss and expense, including reasonable legal expenses, resulting from any injury to person or property or from loss of life sustained by my child while a student at The School of Pennsylvania Ballet or while fulfilling a role in any Pennsylvania Ballet production or event in which he/she has been invited to participate on or about Pennsylvania Ballet premises or other venue.

I warrant that I am at least eighteen (18) years of age and that I have every right to contract for my minor child in the above regard. My releases and authorizations shall be binding upon me, my minor child, and my heirs, representatives, and assigns.

Parent/Guardian Signature: _____ Date: _____

2. PHYSICIAN'S REPORT

The School of Pennsylvania Ballet Summer Intensive and The Company Experience program involves strenuous physical exercise. Do you foresee any difficulties that might arise from this training?

Any past dance injuries, medical problems, eating disorders that we should be aware of?

Any recent major health problems?

Taking any medications?

After examining the student and reviewing his/her medical history. I certify that this student is physically capable of participating in ballet training.

Signature of Health Care Provider

Print or Type Name of Health Care Provider

Date: _____

Phone: _____

