



2009-2010 Community Classes

STUDENT NAME _____ M / F
 (last) (first)

DATE OF BIRTH ____ / ____ / ____ AGE ____ GRADE (09-10) ____

PRIMARY CONTACT:

NAME _____

RELATIONSHIP _____

ADDRESS _____

CITY _____ ZIP _____

HOME _____ WORK _____ CELL _____ E-MAIL _____

PLEASE INCLUDE E-MAIL IF AT ALL POSSIBLE – WE USE EMAIL TO COMMUNICATE IF THERE IS A CLASS CANCELLATION DUE TO WEATHER OR ILLNESS, ETC)

Please read the following carefully. Students will not be permitted to attend classes until this form is completed. Please initial by each item and sign and date below.

_____ **SCHOOL POLICY:** I understand that class fees must be paid in advance. Missed classes may be made up. **ballet tech cincinnati (btc)** does not refund or pro-rate for absences or missed classes due to misconduct or tardiness.

_____ **LIABILITY RELEASE:** I am aware that ballet dancing and other dance forms place unusual demands on the body and carry with them the risk of physical injury. On behalf of my student/myself, I assume the risk and agree that **ballet tech cincinnati**, its Board of Directors, faculty and any chaperones or agents shall not be liable for any injuries sustained or loss of property during attendance at class or any of its related functions

_____ **PHOTO RELEASE:** I give permission for photographs/television footage which may include my student/myself to be used for promotional purposes on television, newspapers, magazines and other communications media.

_____ **EMERGENCY MEDICAL RELEASE:** I give permission for emergency medical care of my student/myself:

MEDICAL INSURANCE _____ AGREEMENT # _____

FAMILY PHYSICIAN & PHONE _____ ALLERGIES _____

OTHER MEDICAL CONDITIONS _____

SIGNATURE: _____ **DATE:** ____ / ____ / ____

	Class	1 Month	3 Months		Class	1 Month	3 Months
<input type="checkbox"/>	Movement Discovery	\$20	\$50	<input type="checkbox"/>	Jazz/Video Pop	Youth \$20 Adults \$40	Youth \$50 Adults \$100
<input type="checkbox"/>	Youth Ballet I	\$20	\$50	<input type="checkbox"/>	Youth Ballet II	Youth \$20	Youth \$50
<input type="checkbox"/>	Teen/Adult Ballet	\$40	\$100	<input type="checkbox"/>	Wheelchair Ballroom	Youth \$20 Adults \$40	Youth \$50 Adults \$100
<input type="checkbox"/>	Teen/Adult Advanced Ballet	\$60	\$145	<input type="checkbox"/>	Latin Dance	Single \$40 Couple \$60	Single \$100 Couple \$145
<input type="checkbox"/>	Youth Ballet/Tap Combo I	\$30	\$75	<input type="checkbox"/>	Youth Ballet/Tap Combo II	\$30	\$75
<input type="checkbox"/>	Teen /Adult Beginning Tap	\$40	\$100	<input type="checkbox"/>	Modern Dance	\$60	\$145
<input type="checkbox"/>	Hip-Hop	Youth \$20 Adults \$40	Youth \$50 Adults \$100	<input type="checkbox"/>	Lyrical	\$30	\$75
<input type="checkbox"/>	Tap III	\$20	\$50	<input type="checkbox"/>			

TOTAL ENCLOSED: \$ _____

Paid by: check or money order (payable to ballet tech cincinnati)

credit card MC VISA AMEX # _____ exp ____ / ____ / ____

a \$5 processing fee will be added onto all credit card payments

Mail to: **ballet tech cincinnati**, 6543 Montgomery Rd. Cincinnati, Ohio 45213 or FAX (credit card only) to 513.583.5620