

## Student Registration Form 2011/2012

Student Name	Age	Birth Date
Home Address	Home Phone	
City/State/Zip	Alternate Phone <span style="float: right;">Circle One: Cell Work Other</span>	
Academic School and Grade Fall of 2010	Parent Email Address (also used for billing and newsletters)	
Years of Dance Study	Type of Dance	Student Email Address (if they wish to provide it)

### PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian Name	Secondary Parent/Guardian Name
Address if different than above	Address if different than above
City/State/Zip	City/State/Zip
Home Phone	Work Phone
<b>If parent is unavailable, person to contact in case of emergency</b>	
Name	Phone
	Relationship to Student
Address	City/State/Zip

**How did you hear about Mankato Ballet Company?** (Please circle all that apply)

Website    Print Ad    Friend    Phone Book    E-Poster    Attended MBC Performance    Other:

Please turn form over to complete releases and tuition agreements.

# Student Registration Form 2011/2012

**Please Select your Level, Day, and Time**

Ballet Class:	Day: _____	Time: _____
Creat MV    Pre-Ballet    Ballet 1    Ballet 1A    Ballet 1B    Ballet 2A    Ballet 2B    Ballet 3A    Ballet 3B    Ballet 4A    Ballet 4B		
Supplementary Class:	Day: _____	Time: _____
Tap 1    Tap 2    Modern    Lyrical    Jazz		
Class Card:	6 Class Card _____	10 Class Card _____
Beginning Teen/Adult    Teen/Adult    Teen/Adult Pointe		

## RELEASES AND AUTHORIZATIONS

### Release of Liability

I waive all rights and release all claims that might be had against The Mankato Ballet Company (MBC), its hired or contracted instructors, employees and agents; for any and all injuries or losses which may be suffered because of my participation or my child's/children's participation in any or all enrolled activities with the school, in consideration of permission of the school to participate in the activities. I realize that dance requires hands-on instruction for proper body placement and development of the muscles which may require physical contact with the dancer.

### Emergency Treatment Authorization

I consent to my or my child/children's participation in activities/programs registered for, and authorize the school and its employees or agents to provide or secure emergency medical treatment for me or my child/children on my behalf. To the best of my medical knowledge, neither I nor my child/children has a physical or other condition which would interfere with participation in the school's program.

### Tuition Policies

To eliminate any possible misunderstandings about tuition policies, this must be read and signed prior to acceptance into MBC.

**There is an annual, non-refundable \$25.00 registration fee per family which is due at the time of registration.**

**Enrollment into the school is per session. Session 1 runs September - December    Session 2 runs January - May**  
**Installments are due the first day of each month.**

**A \$15.00 late fee will be charged to any installments not received by the 5th day of the month.**

Students who miss classes or who withdraw before the end of the session are still obligated to pay the full session's tuition.

There is no refund for missed classes, even due to illness.

Only students enrolled in the session program who have missed class due to illness are eligible for make-up classes.

Students owe the entire session tuition unless:

- A. They withdraw from class prior to the first day of the current session.
- B. Their withdrawal is due to prolonged illness or injury and to be certified by a doctor's written statement.
- C. They relocate outside of commuting distance (30+mi) from MBC. In this case, the office needs a 30-day written notice of intent to withdraw.

**Students with accounts more than 2 months in arrears will not be admitted into the next session.**

**All accounts must be paid in full within 20 days of the close of each session.**

**An account delinquent over 40 days will be sent to an agency for collection with applicable charges.**

**There is a \$30.00 charge on any returned checks.**

Tuition may be dropped in the tuition box or mailed to:

**Mankato Ballet Company  
P.O. Box 114  
Mankato, MN 56002-0114**

**I have read and accept the policies explained on this form.**

**I understand that I am responsible for the full tuition due for each session as registered.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### Release of Image and Information

I give permission to have my photograph/video or the photograph/video of my child/children, taken during activities, used for publicity purposes by the school. I consent to the use of my name, image, or voice, of those of my child/children, in any publicity contracted or used by the school.

Initial: \_\_\_\_\_

No: \_\_\_\_\_ Yes: \_\_\_\_\_