

Registration forms may be mailed with payment to:
San Diego Civic Youth Ballet
2125 Park Blvd., San Diego, CA 92101

Class Registration for San Diego Civic Youth Ballet ("SDCYB") Spring 2012 February 6th-June 16th Boys Class

Dancer's Name: _____ Birth date: _____
Address: _____
City: _____ Zip _____
Dancer's School: _____ Grade: _____
Guardian's Name: _____ Guardian's Name: _____
Relationship to Student: _____ Relationship to Student: _____
Home Phone: _____ Home Phone: _____
Cell: _____ Cell: _____
Work: _____ Work: _____
Employer: _____ Employer: _____
Email: _____ Email: _____

* SDCYB will NOT give out your email but you will be contacted by SDCYB via email with updates and announcements.

Boys Class

__ Monday 5:00-6:00pm

Tuition

*\$10 discount if registered & paid in full within the first week that registration opens (One per family please)
Sibling Discount: 10% off tuition for second (third, fourth, etc.) child*

__ **\$180 one class per week**

*****Policies:**

- *The first week of the registration period for each semester will be a pre-registration week for currently enrolled students only*
- *Payment is due at the time of registration in order to reserve your dancer's spot*

Please read *carefully*, ask for any clarification and sign for your agreement to these policies:

I understand that:

- There are NO refunds or credits – no refunds for missed classes but a makeup class at a different class time may be scheduled.
- Dancers must comply with the required number of classes at their level to participate in productions
- My child and I agree to the terms of the SDCYB Parent / Student Handbook of which I have received a copy and which I have read and understood

Guardian Signature: _____ Date _____

Office use:

Payment: _____ Ck#/Cash: _____ Receipt # _____ Balance: _____ Date: _____
Payment: _____ Ck#/Cash: _____ Receipt # _____ Balance: _____ Date: _____
Payment: _____ Ck#/Cash: _____ Receipt # _____ Balance: _____ Date: _____

Medical History & Emergency Consent Form

Student Name (Please Print): _____

Emergency Contacts

Name: _____ Relationship: _____

Telephone (Home): _____ (Cell): _____

Name: _____ Relationship: _____

Telephone (Home): _____ (Cell): _____

Physician's Information

Name: _____ Phone Number: _____

Insurance company: _____ Policy Number: _____

Please answer all questions to the best of your ability

1. Please list all prescription or over-the-counter medication your child is taking:

2. Is your child under the care of a physician or receiving medical or psychiatric treatment? _____

If yes, Please describe the nature of such treatment and the condition for which such treatment is being administered:

3. Please list any allergies your child has including allergies to medications.

ADMINISTRATION OF MEDICATIONS

Non-prescription medications listed below are available in the office for parents to request for their child. This medication is given *after* initial evaluation of your child's symptoms. All medications are given in accordance with the packaging label on the product, by age and weight-appropriate strengths. I hereby authorize SDCYB staff to administer medication checked below to my child while at SDCYB.

No medications may be administered

Acetaminophen (e.g. Tylenol) for fever or pain

Antibiotic ointment (e.g. Neosporin) for cuts and scrapes

Throat Lozenges (e.g. Halls cough drops)

Benadryl Liquid (for severe allergic reactions)

Ibuprofen (e.g. Advil, Motrin) for fever or pain