

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 6<sup>th</sup>-June 16<sup>th</sup> OPEN CLASS

Dancer's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

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.

### Open Class

\_\_\_ Monday 6:00-7:30pm

\_\_\_ Wednesday 7:00-8:30pm

\_\_\_ Thursday 10:00-11:30am

### **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*

\_\_\_ **\$230 one class per week**

\_\_\_ **\$550 three classes per week**

\_\_\_ **\$415 two classes per week**

\_\_\_ **Drop-in Rate (\$14 per class)**

### **\*\*\*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 the student is taking:

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2. Please list any allergies including allergies to medications.

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### If the student is under 18, a parent/guardian must fill out the following:

1. 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:

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### 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

## **Release and Waiver of Liability for Students Age 18 and Older**

**This form will be valid for the September, 2011 – August 2012 School Year**

This Release and Waiver of Liability (“Release”) is executed in favor of The San Diego Civic Youth Ballet, a not-for-profit California corporation, its directors, employees, and volunteers (collectively, “SDCYB”).

The Student freely, voluntarily, and without duress executes this Release under the following terms:

1. **Assumption of Risk.** I understand that SDCYB’s activities may be hazardous to me, the Student. Risks include, but are not limited to: a) potential personal injury resulting from dance activities, falls, and other mishaps, b) potential property loss or damage resulting from theft, misplacement, negligent care, or c) deliberate vandalism potential actions and/or crimes committed by third parties on or around the premises where SDCYB conducts classes, rehearsals, performances or any other dance related activities; and other potential risks unforeseeable at this time (collectively, “Risks”). I personally assume all risks incident to any activities sponsored by SDCYB.

2. **Release and Waiver of Liability.** I agree to release and hold harmless SDCYB, its successors and assigns, from liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise from or in connection with my participation in activities sponsored by SDCYB. By signing this document, I discharge SDCYB from any liability or claim that I may have with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation in SDCYB. All of the terms above shall apply whether or not the bodily injury, personal injury, illness, or property damage is caused by the alleged negligence, or any acts or omissions of SDCYB.

I, the undersigned, hereby state that I am physically and psychologically healthy enough to participate in such dance activities. I hereby acknowledge and agree to the following:

- a. I hereby release the SDCYB, its officers, directors, employees, agents, whether employee, independent contractor or volunteer (collectively “Releasees”), from all liability for any loss, injury or damage to property or injury or death to persons whether caused by Releasees or otherwise and while I am on the premises of, or participating in any activity supervised or offered by the SDCYB;
- b. I agree not to sue Releasees for any loss, damage, injury or death and I hereby will defend, indemnify and hold Releasees harmless for any loss, claims, liability or damages Releasees may incur due to my presence at the facilities utilized by or participation in any activity supervised or offered by the SDCYB;

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Release and Waiver of Liability For a Minor Child**  
**This form will be valid for the September, 2011 – August 2012 School Year**

This Release and Waiver of Liability (“Release”) is executed in favor of The San Diego Civic Youth Ballet, a not-for-profit California corporation, its directors, employees, and volunteers (collectively, “SDCYB”).

The Minor and Parent freely, voluntarily, and without duress execute this Release under the following terms:

3. **Assumption of Risk.** The Minor and Parent understand that SDCYB’s activities may be hazardous to the Minor. Risks include, but are not limited to: a) potential personal injury resulting from dance activities, falls, and other mishaps, b) potential property loss or damage resulting from theft, misplacement, negligent care, or c) deliberate vandalism potential actions and/or crimes committed by third parties on or around any premises where SDCYB conducts classes, rehearsals, performances or any other dance related activities; and other potential risks unforeseeable at this time (collectively, “Risks”). The Minor and Parent personally assume all risks incident to any activities sponsored by SDCYB.

4. **Release and Waiver of Liability.** Minor and Parent agree to release and hold harmless SDCYB, its successors and assigns, from liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise from or in connection with Minor’s participation in activities sponsored by SDCYB. By signing this document, Minor and Parent discharge SDCYB from any liability or claim that Minor or Parent may have with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Minor’s participation in SDCYB. All of the terms above shall apply whether or not the bodily injury, personal injury, illness, or property damage is caused by the alleged negligence, or any acts or omissions of SDCYB.

I, the undersigned parent/legal guardian of the above listed minor, hereby give permission for the minor to participate in dance classes, rehearsals and/or productions of SDCYB. The minor is physically and psychologically healthy enough to enable him or her to participate in such activities. I hereby acknowledge and agree to the following:

- c. I have read and understood this document and the Parent/Student Handbook, I have inspected the SDCYB facilities and I accept them as being reasonably suited for the purposes intended;
- d. I hereby release the SDCYB, its officers, directors, employees, agents, whether employee, independent contractor or volunteer (collectively “Releasees”), from all liability for any loss, injury or damage to property or injury or death to persons whether caused by Releasees or otherwise and while the above listed minor is on the premises of, or participating in any activity supervised or offered by the SDCYB;
- e. I agree not to sue Releasees for any loss, damage, injury or death and I hereby will defend, indemnify and hold Releasees harmless for any loss, claims, liability or damages Releasees may incur due to said minor’s presence at the facilities utilized by or participation in any activity supervised or offered by the SDCYB;
- f. I hereby authorize the SDCYB as agent for the undersigned to consent with respect to the minor child listed herein above to submit to any x-ray examination, anesthetic, medical, dental, surgical diagnosis or treatment and/or hospital care which is recommended or prescribed by any physician or physician’s assistant employed by or on staff at any doctor’s office, clinic, hospital or emergency treatment center in the State of California. I additionally agree to be responsible for the payment of any and all fees associated with treatment rendered under this sub-paragraph d. hereof.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide consent to such care when the foregoing licensed physician in his/her best judgment deems it advisable. It is understood that the hospital shall attempt to contact the undersigned and the physician identified above if one is noted, prior to rendering treatment to the minor or dependent adult.

I (we) agree to save and hold San Diego Civic Youth Ballet, its officers, directors, employees, agents, successors and assigns harmless from all liability, suits, or claims, of whatever nature or kind which may arise as a result of administering needed emergency care.

I have carefully read this document, fully understand its contents, and sign it voluntarily. I state that I am the parent or legal guardian of the Minor named herein and that I am competent to sign this document. This document shall bind both parents of the Minor, as well as all guardians, heirs, executors, administrators, and personal representatives.

**Name of Minor Child:** \_\_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student Photo/Video Release For a Minor Child**  
**This form will be valid for the September, 2011 – August 2012 School Year**

San Diego Civic Youth Ballet (SDCYB) in conjunction with an approved photographer may gather photographs and/or video footage of classes and performances in which your child is participating. SDCYB would appreciate permission to use your child's photo/video footage in certain SDCYB promotional materials. These include but are not limited to the following: The SDCYB website, newsletters, brochures, flyers, advertisements, and other related communications.

I grant permission for my child to be photographed/videotaped by an approved photographer (set by SDCYB), allow the use of my child's photos/videos to be used in SDCYB's website, newsletters, brochures, flyers, advertisements, and other related communications.

YES  NO

I grant permission for my child's name to be used in media communications.

YES  NO

**Student's Name:** \_\_\_\_\_

**Parent/Guardian's Name (Print):** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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