

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

Class Registration for SDCYB Fall 2010 September 7th – February 5th Level 1A, Beginning Ballet, and Beginning Teen

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. SDCYB prefers to be able to email families with updates and announcements.

Level 1A

___ Monday 5:00-6:00pm
___ Tuesday 4:00-5:00pm
___ Saturday 9:00-10:00am

Beginning Ballet

___ Monday 4:00-5:00pm

Beginning Teen

___ Wednesday 7:00-8:00pm

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**

___ **\$285 two classes 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 # of classes at their level to participate in productions
- My child and I agree to the terms of the SDCYB Parent / Student Handbook

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. Is your child currently receiving any kind of medical treatment that SDCYB should be aware of? (i.e.: psychological care, daily medications, etc.) Please describe in detail and list all medications.

2. Please list any allergies your child might have (Note: Please include medication allergies as well).

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

Emergency Release:

Do you give permission for the adult in charge (teachers or office staff) to take your child to a medical facility if necessary?
___ YES ___ NO

If none of those previously identified can be contacted, do you consent to treatment for your child under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act and pursuant to Section 25.8 of the California Civil Code?
___ YES ___ NO

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 the employees of the San Diego Civic Youth Ballet and the medical care providers harmless from all liability, suits, or claims, of whatever nature or kind which might arise as a result of administering needed emergency care.

Guardian Signature: _____ Date: _____

Student Photo/Video Release

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:** _____

Release and Waiver of Liability **For a Minor Child**

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:

1. **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, potential personal injury resulting from dance activities, falls, and other mishaps; potential property loss or damage resulting from theft, misplacement, negligent care, or deliberate vandalism; potential actions and/or crimes committed by third parties on or around the SDCYB property; 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.

2. **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 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 above Minor 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: _____