

# School of Carolina Ballet Theatre 2010 -2011 Application Form

Student Name :

(First) \_\_\_\_\_ (Last) \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Previous Dance Training /SCBT prior class level \_\_\_\_\_ Ages \_\_\_\_\_

Academic School \_\_\_\_\_ Grade (rising) \_\_\_\_\_

Dismissal Time from School \_\_\_\_\_ Conflict \_\_\_\_\_

Parents Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Fathers Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Employed By \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mothers Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Employed By \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address (please print clearly) \_\_\_\_\_

2<sup>nd</sup> E-Mail Address (please print clearly) \_\_\_\_\_

(Most SCBT information is sent through E-Mail)

*Please mark below in pencil. Dance Teacher recommends student's placement according to age and skill.*

Kinderdanze	Children's Division	Preparatory Programs	Pre-professional	Adult/Teen Open classes
<input type="checkbox"/> Kinderdanze I	<input type="checkbox"/> Beginner Ballet I	<input type="checkbox"/> Pre-Pointe I	<input type="checkbox"/> Apprentice I	<input type="checkbox"/> Pilates
<input type="checkbox"/> Kinderdanze II	<input type="checkbox"/> Beginner Ballet II	<input type="checkbox"/> Pre- Pointe II	<input type="checkbox"/> Apprentice II	<input type="checkbox"/> Ballet
	<input type="checkbox"/> Beginner Ballet III	<input type="checkbox"/> Beginner Pointe	<input type="checkbox"/> Junior	<input type="checkbox"/> Jazz
	<input type="checkbox"/> Jazz	<input type="checkbox"/> Jazz	<input type="checkbox"/> Senior I	<input type="checkbox"/> Tap
	<input type="checkbox"/> Tap	<input type="checkbox"/> Tap	<input type="checkbox"/> Senior II	
			<input type="checkbox"/> Jazz	
			<input type="checkbox"/> Tap	
			<input type="checkbox"/> Ensemble program	
		<input type="checkbox"/> STAGED		

\* SCBT is a classical ballet school offering multiple dance disciplines and programs. There are five divisions of the school according to age and skill level.

\*\*Tuition is payable the first week of each month in advance. No statements are sent out unless tuition is late. A \$10 late fee is due on all tuition received after the 15<sup>th</sup> of the month. The student is charged with all scheduled meetings of his/her classes, although some classes may be made up. Should the student wish to discontinue a class, the studio must be contacted in writing of the decision. The student is responsible for payment of all lessons until the day notification is received.

\*\*\*The family registration fee of **\$50.00** is due at the time of registration and is non-refundable. The first and last months tuition is due the first month of instruction (with exceptions being made for those taking four or more classes per week). Should the student discontinue classes the last month of tuition will be forfeited.

I have read the above and understand my obligation to the School of Carolina Ballet Theatre.

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

Signature of Student if in Pre-professional Division or higher \_\_\_\_\_ Date \_\_\_\_\_

Fee Enclosed \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_ Student's tuition \_\_\_\_\_

*School of Carolina Ballet Theatre*  
*2010 -2011*

**Medical Release Form**

Name\_\_\_\_\_Telephone Number\_\_\_\_\_

Do you have any known allergies? Yes\_\_\_ No\_\_\_ If yes, to what?\_\_\_\_\_

Are you currently taking medication? Yes\_\_\_ No\_\_\_ If yes, what are you taking?\_\_\_\_\_

Please describe Medical condition that we should be aware of:\_\_\_\_\_

Are you physically fit to study dance?\_\_\_\_\_

I,\_\_\_\_\_ (parent/guardian) am the parent of legal Guardian

of\_\_\_\_\_ (minor child). I understand that dance, creative movement and yoga involve physical contact between dancers, that serious accidents occasionally occur during such activities, and that participants in such activities occasionally sustain serious personal injuries (including death) and/or property damage as a consequence thereof. Knowing the risks of participation, I hereby agree that my minor child and I assume those risks and release and hold harmless SCBT and its agents, sponsors and employees who (through negligence or carelessness) might otherwise be liable to me, my minor child (or our heirs or assigns) for damages. I agree neither my minor child nor I will make a claim against, sue, attach the property of or prosecute SCBT, their agents, sponsors or employees for damages, death, personal injury or property damages which my minor child may sustain as a result of my child's participation in these activities.

I attest that I am eighteen years old or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this activity. My child and I agree to follow all laws, rules and guidelines regulating the conduct of SCBT dancers.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability from myself and my child and a contract between myself, my child, and SCBT and its agents, sponsors and employees, and I have signed it of my own free will.

Signature\_\_\_\_\_ Date\_\_\_\_\_