



Kevin Kaiser, Artistic Director

2230 Lind Ave SW Ste 109, Renton, WA 98057 Phone: 425-228-6800 Email: ecb@evergreencityballet.org Web: evergreencityballet.org

## SUMMER PROGRAM 2010 Registration Form (18 and over)

(PLEASE PRINT ALL INFORMATION)

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

Non-Refundable Registration Fee: \$25.00

09/10 School Students: \$ 0.00

*Due along with this registration form: a non-refundable deposit equal to one-half your tuition and the \$25 registration fee. Balance is due by June 11, 2010. Auditions accepted up through Saturday, June 26, 2010.*

**I will attend:**

- |                           |   |
|---------------------------|---|
| <b>Intermediate Level</b> | <input type="checkbox"/> <b>Session 1</b> (July 5 - July 23) \$749        |
| <b>Intermediate Level</b> | <input type="checkbox"/> <b>Session 2</b> (July 26 - August 13) \$749     |
| <b>Intermediate Level</b> | <input type="checkbox"/> <b>Both Sessions</b> (July 5 - August 13) \$1349 |
| <b>Advanced Level</b>     | <input type="checkbox"/> <b>Session 1</b> (July 5 - July 23) \$779        |
| <b>Advanced Level</b>     | <input type="checkbox"/> <b>Session 2</b> (July 26 - August 13) \$779     |
| <b>Advanced Level</b>     | <input type="checkbox"/> <b>Both Sessions</b> (July 5 - August 13) \$1399 |

Each session Monday - Friday, 10 am - 4 pm for 3 weeks and subject to change

Student Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Month/Day/Year (Print Clearly)

Address: \_\_\_\_\_  
Street City State Zip

What dance schools have you attended? \_\_\_\_\_

How long have you been dancing? \_\_\_\_\_ Are you En Pointe? \_\_\_\_\_ What level are you in? \_\_\_\_\_

How did you hear about Evergreen City Ballet? \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH A CHECK OR MONEY ORDER FOR THE DEPOSIT & REGISTRATION FEE TO:**  
Evergreen City Ballet, 2230 Lind Ave SW, Ste 109, Renton, WA 98057

**EVERGREEN CITY BALLET  
POLICY & WAIVER AGREEMENT  
For Open Student 18 and over**

*All tuition and fees are non-refundable. A \$35 fee will be assessed for any returned check.*

**COMMITMENT TO ATTEND CLASS**

Students should consistently attend class. This commitment is necessary to maximize the full benefit of dance instruction for every student in the class.

**BOARD OF DIRECTORS**

The student and/or guardian hereby agrees to the following: No permission is granted to anyone to make purchases or any agreement, written or otherwise, that will obligate Evergreen City Ballet or its Board of Directors without first obtaining written permission from the Board. The Board reserves the right to change curriculum, productions, fees or any policy it deems necessary for the operation of the school.

**WAIVER OF LIABILITY**

I, the undersigned, understand that dance requires physical exertion. It is my responsibility to consult with a physician before my participation in dance classes, productions, programs or workshops. I agree to assume full responsibility for any risks, injuries or damages that might occur as a result of my participating in activities sponsored by Evergreen City Ballet.

I agree not to hold Evergreen City Ballet, its Board of Directors, associations, any faculty, employee or volunteer liable for injuries sustained or illnesses contracted while an open student of Evergreen City Ballet.

I have read and accept the policies and waivers above. I understand that I am responsible for timely payment of Open Class fees and agree to pay costs for collection of any unpaid fees.

**Please check one box:**

- I give ECB the right to use photos of me to promote the school.
- I give ECB the right to use photos of me to promote the school, but only by permission.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name



2009/2010 School Year

MEDICAL EMERGENCY AUTHORIZATION
For Student 18 and over

I, \_\_\_\_\_, the undersigned, do hereby authorize Evergreen City Ballet and its adult employees and representatives as the agent for the undersigned to consent to emergency medical or dental care for myself. In case of an emergency, I give my permission to the medical personnel selected by Evergreen City Ballet and its adult employees and representatives to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medications for me. "Proper treatment" shall extend to and include the following non-exclusive list: x-ray, MRI, and other diagnostic imaging examinations, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advise of or to be rendered by physicians or dentists licensed to practice in the State of Washington.

It is understood that this release is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to Evergreen City Ballet and its adult employees and representatives as my/our agent to give specific consent to any and all such diagnosis, treatment or hospital care which the physician, surgeon or dentist in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the end of the school year, unless and until a written revocation is delivered to the school's administrator.

Person to contact in emergency

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_
Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Additional Emergency Information

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_
(Other than above)
Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Health Insurance and Number: \_\_\_\_\_

Do you have any medical or learning conditions or other circumstances that ECB should be aware of?

\_\_\_\_\_  
Signature Printed Name Dated: \_\_\_\_\_