



FALL 2011– SPRING 2012
REGISTRATION FORM – CONTINUED
REGISTRATION DEADLINE IS JULY 15, 2011

*Medical Information
 Consent Agreements
 Emergency Contacts*

MEDICAL INFORMATION & CONSENT AGREEMENTS

(Responses will be held as confidential)

- My child/ward is subject to certain medical conditions or must take the following prescribed medications on a regular basis _____
- List allergies/reactions & treatment _____

- Student’s Physician _____ (phone) _____
- Insurance Provider _____
- I release any claims on photos or videos taken of my child/ward while participating at any Marin Ballet event, performance, class, etc. and agree that Marin Ballet has permission to use these photos for its own promotional purposes. _____ *(initial)*
- I understand that dancing is a strenuous exercise and that there is risk of injury in the execution of dance. My child/ward is in good and normal physical condition, and I will notify Marin Ballet about changes in her/his fitness. I will not hold Marin Ballet responsible for any injuries resulting from dance training. _____ *(initial)*
- I hereby give Marin Ballet or its designated representative permission to obtain emergency medical attention, short of major surgery, for my child/ward, _____ (name) _____ *(initial)*.
- I have read and acknowledge Marin Ballet’s payment policies and understand that I will be responsible for any assessed late fees in the event that my student’s quarterly tuition payment is not received by the due date listed in the registration paperwork. _____ *(initial)*.
- Check only if you **DO NOT** wish to have your contact information published in the MB Directory (distributed to MB families only).

_____ *Parent or Guardian Signature*

_____ *Date*

EMERGENCY CONTACTS

In case of emergency or disaster all efforts will be made to contact the parents at the phone numbers provided on the registration form. Please provide alternative phone numbers and contacts.

Local Emergency Contact

_____ *Name/Relationship*

_____ *Phone*

Out-of-area Emergency Contact (in case of local disaster)

_____ *Name/Relationship*

_____ *Phone*



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*Registration & Payment
Information*

CLASS REGISTRATION

➤ **PRE-BALLET DIVISION** (*choose 1 class*)

Movement Exploration	Creative Movement	Ballet Preparatory 1	Ballet Preparatory 2
<input type="checkbox"/> ME-1 (Tues 3:00-3:45)	<input type="checkbox"/> CM-1 (Mon 3:00-4:00)	<input type="checkbox"/> Prep 1-1 (Mon 3:00-4:00)	<input type="checkbox"/> Prep 2-1 (Mon 4:00-5:00)
<input type="checkbox"/> ME-2 (Sat 9:15-10:00)	<input type="checkbox"/> CM-2 (Thurs 3:00-4:00)	<input type="checkbox"/> Prep 1-2 (Thurs 3:00-4:00)	<input type="checkbox"/> Prep 2-2 (Thurs 4:00-5:00)
	<input type="checkbox"/> CM-3 (Sat 9:15-10:15)	<input type="checkbox"/> Prep 1/2-3 (Fri 4:00-5:00)	<input type="checkbox"/> Prep 1/2-3 (Fri 4:00-5:00)
		<input type="checkbox"/> Prep 1-4 (Sat 10:15-11:15)	<input type="checkbox"/> Prep 2-4 (Sat 9:00-10:00)
		<input type="checkbox"/> Prep 1/2-5 (Sat 11:30-12:30)	<input type="checkbox"/> Prep 1/2-5 (Sat 11:30-12:30)

➤ **PRIMARY, INTERMEDIATE & ADVANCED BALLET DIVISIONS**

<input type="checkbox"/> Level 1-1 (Mon)	<input type="checkbox"/> Level 2-1 (M/W)	<input type="checkbox"/> Level 3-1 (M/Th)	<input type="checkbox"/> Level 4 (W/Th/S)	<input type="checkbox"/> Level 6
<input type="checkbox"/> Level 1-2 (Tues)	<input type="checkbox"/> Level 2-2 (T/Th)	<input type="checkbox"/> Level 3-2 (W/S)	<input type="checkbox"/> Level 5-1 (M/Th/S)	<input type="checkbox"/> Level 7/8
<input type="checkbox"/> Level 1-3 (Wed)	<input type="checkbox"/> Level 2-3 (T/S)	<input type="checkbox"/> Level 3-3 (T/S)	<input type="checkbox"/> Level 5-2 (M/W/S)	<input type="checkbox"/> Level 9
<input type="checkbox"/> Level 1-4 (Sat)				

PAYMENT

Student's Name _____

First Quarter Tuition Total	\$	_____
Sibling Discount (-10% of lesser tuition)	\$	_____ (_____)
Scholarship Discount (-% of award)	\$	_____ (_____) <input type="checkbox"/> App. Submitted
Non-refundable Annual Registration Fee	\$	_____ 75.00
Performance Fee (Levels 2-4)	\$	_____ 60.00
OR		OR
Performance Fee (Levels 5-9)	\$	_____ 75.00
<i>Please add a tax-deductible donation for Marin Ballet's Annual Fund</i>	\$	_____
<i>I would like to pledge the following amount to be added to each of my quarterly invoices</i>	\$	_____
Total:	\$	_____

Payment Method: _____ Check Enclosed _____ Visa _____ MasterCard _____

Credit Card Payment Authorization: TOTAL AMT CHARGED _____

Visa MasterCard Card # _____ Exp _____ CVC (3 digit code) _____

Billing Address _____
Street Address City State Zip Code

If using a corporate card, what is your employee number? _____

Signature _____

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