



2019-20 School Year Holland Class Registration Form

_____ New Student _____ Returning Student

Student Name _____

Gender _____ Date of Birth _____ Age (as of September 9, 2019) _____

Home Address _____

City _____ State _____ Zip _____

School _____ Grade _____

Primary Contact

Name _____

Relationship to Student _____ Cell Phone _____

Home Address (if different from above) _____

City _____ State _____ Zip _____

Email Address _____

Secondary Contact

Name _____

Relationship to Student _____ Cell Phone _____

Home Address (if different from above) _____

City _____ State _____ Zip _____

Email Address _____

CLASSES / TUITION

- Creative Dance
- Elementary Ballet
- Explorer Dance

CLASS	MONTHLY PAYMENTS	SEMESTER	FULL YEAR
Creative Dance	\$49 x 9 = \$441	\$205 x 2 = \$410	\$380
Elementary Ballet	\$49 x 9 = \$441	\$205 x 2 = \$410	\$380
Explorer Dance	\$22 x 9 = \$198	\$90 x 2 = \$180	\$162

\$ _____ + \$ 20 = \$ _____
 Program Tuition Registration Fee TOTAL DUE

**Families who enroll more than one child receive a 10% overall discount.*

METHOD OF PAYMENT

Cash Check # (payable to Grand Rapids Ballet School) _____

Credit Card (the below information is required for Monthly payment plans)

Card holders Name: _____

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Cardholders Signature: _____

INDEMNIFICATION AND RELEASE FORM

I, _____ am the parent of _____ ("Student"), who desires to attend the Grand Rapids Ballet School in Holland. I understand that there is risk of injury inherent in the dance training and educational activities, and that the Grand Rapids Ballet and its directors, employees, agents and volunteers (collectively, "GRB") shall not be responsible for any injury or damages suffered by Student during his/her participation at GRBS.

INDEMNIFICATION

Furthermore, I hereby agree to indemnify and hold harmless the GRB for any loss, claim, damage, suit, costs, liabilities or expense including attorney's fees and court costs resulting from or arising out of any injury to any person or damage to property, caused by or incurred by Student whether caused in whole or in part by the negligence of the GRB, incurred as a result of or during the school year or any activities in connection with or related to the Grand Rapids Ballet School, whether the result of Student's negligence or otherwise.

RELEASE

I hereby voluntarily waive and release any and all actions, claims, and demands for any damage, injury, and loss to person or property that may be sustained while Student participates in the Grand Rapids Ballet School in Holland.

PHOTOGRAPHY / VIDEOGRAPHY

I grant permission to the GRB to use performance or in-class photography and video images of Student for promotional materials.

CODE OF CONDUCT (found in GRBS Handbook)

I have read the GRBS Code of Conduct rules and regulations and understand that my child's failure to comply with these terms and conditions may result in my child's dismissal from the program without refund of tuition.

Signature of Parent/Guardian

Date

MEDICAL INFORMATION FORM

Are there any current and/or ongoing medical conditions that GRB should be aware of? ___ Yes ___ No (If yes, please explain):

Is the student receiving treatment, therapy or taking medication for an injury or medical condition? ___ Yes ___ No (If yes, please explain):

Student has allergies to the following:

Food _____ Medicine _____ Other _____

Please note, GRB Faculty and Administrative Staff will not administer medication for any student at any time, unless given signed permission by a parent/guardian. Prescription medications must be kept in the possession of the student for whom they are prescribed. Over-the-counter medications that a student may need to take during school hours will be the responsibility of each individual student. **Under no circumstances should a student share his/her medication with another student.** To authorize GRBS to administer and/or supervise a student to receive medication, please complete the following information below:

GRB has my permission to administer the following medications to (student): _____

Ibuprofen / Advil / Motrin ___ Acetaminophen ___ Other _____

(Any dosage request from student that exceeds what is printed on the original medication bottle must be accompanied by separate instructions and approval from a parent/guardian)

Signature of Parent/Guardian

Date