



**SUMMER 2019
CONTEMPORARY INTENSIVE REGISTRATION FORM**

Student Name _____

Male _____ Female _____ Date of Birth _____ Age (as of July 29, 2019) _____

Email _____ Phone (C/H) _____

Home Address _____

City _____ State _____ Zip _____

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 _____

Program Tuition

A minimum \$225 non-refundable tuition payment is required to secure the student's enrollment.
Program Tuition is due in full by June 3rd, 2019.

____ **Contemporary Intensive Weekly Program, \$425**

- July 29 – August 2
- August 5 – August 9

____ **Contemporary Intensive 2-Week Program, \$800**

Contemporary Intensive T-shirt

\$15.00 each, Adult-fitted sizes

____ Small ____ Medium ____ Large ____ X-Large

Tuition and T-shirt Total

Tuition Scholarship Awards may be applied to the "Program Tuition" line
A \$20 registration fee is required for all students

$$\begin{array}{ccccccc}
 \$ & \underline{\hspace{2cm}} & + & \$ & \underline{20} & + & \$ & \underline{\hspace{2cm}} & = & \$ & \underline{\hspace{2cm}} \\
 & \text{Program Tuition} & & & \text{Registration Fee} & & & \text{T-shirt} & & & \text{Grand Total}
 \end{array}$$

Method of Payment

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

Credit Card

Cardholder's Name _____

CC Number _____ Exp. Date _____ Sec. Code _____

Cardholder's Signature _____ Billing Zip Code _____

Tuition Scholarship, Amount \$ _____

Mail: GRB Summer Intensive
341 Ellsworth SW
Grand Rapids, MI 49503

Email: summerintensive@grballet.com

Fax: 616.454.0672



SUMMER 2019 INDEMNIFICATION AND RELEASE FORM

I, _____ am the parent/guardian of _____ (“Student”) who will be attending the Grand Rapids Ballet School Contemporary Intensive. I understand that there is risk of injury inherent in the dance training and educational activities, and that Grand Rapids Ballet School and its directors, employees, agents and volunteers (collectively, “GRB”) shall not be held responsible for any injury or damages suffered by Student during his/her participation at the Contemporary Intensive.

INDEMNIFICATION

Furthermore, I hereby agree to indemnify and hold harmless 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 Summer Intensive or any activities in connection with or related to Grand Rapids Ballet, 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 Contemporary Intensive.

MEDICAL RELEASE

I understand that during the GRB Contemporary Intensive it may be necessary for Student to receive immediate medical attention without specific consent in order to protect the health and welfare of Student and others. In view of the foregoing, it is agreed that if Student needs hospital and/or medical care, GRB is authorized to see that Student receives medical care. Furthermore, I agree to pay all costs associated with medical care and transportation for Student. Any special medical/health problems of which the GRB staff should be aware are disclosed on the Health Information Form. I agree to indemnify and hold harmless GRB, its directors, agents and employees from any claim or liability resulting from its actions authorized hereunder.

PHOTOGRAPHY / VIDEOGRAPHY RELEASE

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

I HAVE CAREFULLY READ THE ABOVE RELEASES AND SIGN WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE

Student Name

Parent/Guardian Name

Parent/Guardian Signature

Date



SUMMER 2019 RESPONSIBILITY PLEDGE FORM

As a student attending Grand Rapids Ballet School's 2019 Contemporary Intensive, I realize that I share responsibility for the vitality and well-being of the community and our learning environment. I agree to abide by the rules and code of conduct. If I violate any of these rules, I understand I may be sent home at my/my family's expense and that any tuition will not be refunded. By signing this document I assert that I understand the rules and the consequences that occur if I violate them.

The following are forbidden while in attendance at the GRBS 2019 Contemporary Intensive:
Contemporary Intensive:

- Physical intimidation or injury
- Self-destructive behavior
- Theft
- Verbal abuse
- Sexual harassment
- Inappropriate public displays of affection; there is no sexual behavior or dating permitted by students enrolled
- Intentional destruction or misuse of GRBS property
- Filming or photography in the dressing rooms or public restrooms
- Filming devices of any kind being used in class / rehearsal / performance
- Improper use of cellular phone
- Slandorous or defaming comments toward students or GRBS faculty

No pets are allowed at the GRBS Studios.

Firearms, fireworks, explosives and weapons of any kind are forbidden on the grounds of GRBS property. Students found in possession of the above will be turned over to the proper authorities.

Smoking is prohibited on the entire GRBS grounds. Michigan State law prohibits anyone under the age of 18 from smoking.

Alcoholic beverages are prohibited to minors in the state of Michigan, and are not allowed on the grounds of GRBS. Any student(s) found to be in the possession of and/or consuming alcoholic beverages will be asked to leave the program immediately and returned home at their expense.

Drugs, other than prescription drugs or over the counter medication provided by parents and guardians, are forbidden on the grounds of GRBS.

I understand that violation of any rule may be grounds for instant dismissal from the program:

Student Name	Student Signature	Date
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As a parent/legal guardian, I understand the regulations and guidelines my daughter/son is expected to abide by. I support such rules and understand my responsibility if my daughter/son does not abide by them. I promise to pay any and all expenses incurred to return my daughter/son to their home in the event she/he is dismissed from the program:

Parent/Guardian Name	Parent/Guardian Signature	Date
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SUMMER 2019 HEALTH INFORMATION FORM

Student Name _____

Person to Notify in Case of Emergency:

Name _____ Relationship _____

Address _____

Primary Phone # _____ Secondary Phone # _____

Insurance Information

Policy Holder _____ Phone (____) _____

Insurance Company _____ ID# _____

Has the participant sustained any previous injuries that may be aggravated by intense work? Yes No
If yes, please explain:

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

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

Please note, GRBS 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 during the summer intensive 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 _____

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)

Participant has allergies to the following:

Food _____

Medicine _____

Substances _____

Other _____

Parent/Guardian Name

Parent/Guardian Signature

Date