



**SUMMER 2019
JUNIOR INTENSIVE REGISTRATION FORM**

Student Name _____

Male _____ Female _____ Date of Birth _____ Age (as of June 24, 2019) _____

Years of Ballet Training _____ Dance School _____

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 \$125 non-refundable tuition payment is required to secure the student’s enrollment.
Program Tuition is due in full by June 3rd, 2019.

_____ Junior Ballet Intensive 5-Week Program, \$1,005

_____ Junior Ballet Intensive Weekly Program (please check all that apply)

Dates:

- June 24 – June 28
- July 1 – July 5
- July 8 – July 12
- July 15 – July 19
- July 22 – July 26**

Cost:

- 1 Week, \$250
- 2 Weeks, \$475
- 3 Weeks, \$710
- 4 Weeks, \$950

**Students may only attend Week 5 in addition to attending Week 4 due to the rehearsal process for our *Summer Showcase* on July 26

Ballet Intensive T-shirt

\$15.00 each, Adult-fitted sizes

_____ Small _____ Medium _____ Large _____ X-Large

Tuition and T-shirt Total

Tuition Scholarship amounts may be applied to the “Program Tuition” line

A \$20 registration fee is required for all students

\$ _____	+ \$ _____	+ \$ _____	= \$ _____
Program Tuition	Registration Fee	T-shirt(s)	Grand Total

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: GRBS Summer Intensive
341 Ellsworth Ave 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 Summer Intensive. I understand that there is risk of injury inherent in the dance training and educational activities, and that Grand Rapids Ballet and its directors, employees, agents and volunteers (collectively, "GRB") shall not be held responsible for any injury or damages suffered by Student during their participation at the Summer 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 Summer Intensive.

MEDICAL RELEASE

I understand that during the GRBS Summer 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 photography and video images of Student for promotional materials.

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

Student Name

Parent/Guardian Name

Parent/Guardian Signature

Date



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 GRBS 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, Administrative Staff, or Resident Assistants 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:

GRBS 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)

Participant has allergies to the following:

Food _____

Medicine _____

Substances _____

Other _____

Parent/Guardian Name

Parent/Guardian Signature

Date

