Academy of Fort Wayne Ballet
Pathways Registration 2011-2012

Nurturing Pathways® Growing The Mind Through Movement™ Licensed Instructor

Class Schedule- April 12-May 17

Day	Class	Begins	Ends	Studio
Thurs	Babies (3 months to pre-walking)	10:00 AM	10:45 AM	D
Thurs	Toddlers (Walking-3 yrs. old)	11:00 AM	11:45 AM	D

Fees

_____	Babies (3 months to pre-walking)	$70.00
_____	Toddlers (walking-3 yrs. old)	$70.00
_____	Parent Pack	$30.00

Parent Pack only for new participants, returning families do not need to purchase

TOTAL AMOUNT $

Payment Method

_____ Check - make payable to FWBallet

_____ VISA

_____ MC

_____ Discover

_____ _____ _____ _____

Exp _____/_____

Signature: _____

Name: _____

Child:_____

Address: _____

City:_____State:_____ Zip: _____

Phone: _____

E-mail: _____

Consent for Treatment

I/we, the parent(s) or legal guardian(s) of the above named minor child or the above named adult who is legally under my/our care, custody and control, voluntarily consent and delegate my/our legal authority to consent to health care on behalf of the above named individual to the Fort Wayne Ballet, Inc., its agents and employees. Notwithstanding the foregoing, nothing in this Consent shall be deemed to delegate to the Ballet, its agents or employees the authority to consent to the withdrawal of any life-sustaining equipment or procedures, food or hydration.

This delegation is made in accordance with the Indiana Health Care Consent Law, I.C. #16-36-1, and is made subject to the following conditions:

1) The Ballet makes reasonable attempts to personally contact me/us to obtain my/our consent in the event the above named individual requires any health care services while under the care or custody of the Ballet: and

2) This delegation is to be exercised in good faith and in the individual's best interests.

I/we hereby release and hold harmless the Ballet, its agents and employees from any and all damages, whenever or wherever suffered, arising out of or in connection with any act or failure to act, including any negligent act or failure to act, by the Ballet, its agents and employees, in the good faith exercise of its authority under this Consent. I/we further agree to indemnify and hold the Ballet, its agents and employees harmless from and against any and all costs or expenses incurred on behalf of the individual.

This Consent is effective for a period of July 1, 2011 through June 30, 2012 for the individual's participation in classes, activities and performances with the Ballet, wherever located.

_____ _____

Individual Date

_____

Witness

Location: All classes are held at Fort Wayne Ballet studios 300 E Main St, Fort Wayne, IN 46802.

FOR MORE INFORMATION CALL – (260) 484 9646

fort wayne ballet