

Academy of Fort Wayne Ballet

Open Class Registration 2011-2012

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Class Schedule				
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Day	Class	Begins	Ends	Studio
Mon	Open Adv Ballet/Pointe	6:45 PM	8:45 PM	C
Tue	Open Ballet	11:45 AM	12:45 PM	B
Tue	Open Adv Ballet	7:15 PM	8:45 PM	B
Wed	Open Pilates	11:45 AM	12:45 PM	B
Wed	Open Adv Pointe	7:00 PM	8:30 PM	B
Wed	Open Jazz	7:15 PM	8:15 PM	C
Thu	Open Adv Ballet	4:15 PM	5:30 PM	B
Thu	Open Adv Pointe	5:30 PM	6:30 PM	B
Thu	Open Modern	8:00 PM	9:00 PM	D
Thu	Open Beginning Ballet	7:30 PM	8:30 PM	C
Fri	Open Ballet	11:45 AM	12:45 PM	B
Fri	Open Adv Ballet	4:15 PM	5:45 PM	D
Fri	Open Yoga	5:45 PM	6:45 PM	D
Sat	Open Pilates	9:30 AM	10:30 AM	B
Sat	Open Ballet	11:30 AM	12:45 PM	D

Fee Schedule	
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_____ Ten Class Pass	\$140.00
_____ Single Class	\$15.00

Payment Method	
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_____ Check - make payable to
FWBallet

_____ VISA

_____ MC

_____ Discover

_____ Exp _____

Signature: _____

* Ten Class Pass - good for one year from date of purchase.



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