

Academy of Fort Wayne Ballet

Open Classes Registration Form 2010-2011

I would like to enroll in the following classes: Price

Name: _____

Open Beginning Ballet– Monday 7:30-8:30pm	
<input type="checkbox"/> Session 1- 12 classes: Aug. 30—Nov. 22	\$160
<input type="checkbox"/> Session 2- 12 classes: Nov. 29-Feb. 28	\$160
<input type="checkbox"/> Session 3– 11 classes: Mar. 7-May 23	\$147

Name & DOB of Child _____

(*Mommy & Me class*): _____

Address: _____

Open Ballet– Tuesday 6:45-7:45pm	
<input type="checkbox"/> Session 1– 13 classes: Aug. 31-Nov. 23	\$173
<input type="checkbox"/> Session 2– 12 classes: Nov. 30-Mar. 1	\$160
<input type="checkbox"/> Session 3– 11 classes: Mar. 8-May 24	\$147

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Open Ballet Int./Adv.– Wednesday 11:45-12:45pm	
<input type="checkbox"/> Session 1– 13 classes: Sept. 1-Nov. 24	\$173
<input type="checkbox"/> Session 2 - 12 Classes: Dec. 1-Mar. 2	\$160
<input type="checkbox"/> Session 3 - 11 classes: Mar. 9-May 25	\$147

Consent for Treatment
2010-2011 Academic Year

Student Name: _____

I/We, the parent(s) or legal guardian(s) of the above named minor child or the above named adult ("Child") 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 Child to the Fort Wayne Ballet, Inc., its agents and employees (the "Ballet"). 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 procedure, 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 our student 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 student'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 student.

This Consent is effective for the period of July 1, 2010 through June 30, 2011 for the student's participation in classes, activities and performances with the Ballet, wherever located.

Mommy & Me Dance*-Wednesday 11:45-12:45pm	
<input type="checkbox"/> Session 1 - 13 classes: Sept. 1-Nov. 24	\$240
<input type="checkbox"/> Session 2 - 12 classes: Dec. 1-Mar. 2	\$240
<input type="checkbox"/> Session 3 - 11 classes: Mar. 9-May 25	\$240

**An adult must enroll in order for a child to enroll in these classes.*

Open Ballet Int./Adv.– Saturday 12:30-1:30pm	
<input type="checkbox"/> Session 1 - 12 classes: Sept. 4-Nov. 20	\$160
<input type="checkbox"/> Session 2 - 12 classes: Dec. 4-Mar. 5	\$160
<input type="checkbox"/> Session 3 - 11 classes: Mar. 12-May 28	\$147

Teen & Adult Pilates® - Saturday 11:00-12:00pm	
<input type="checkbox"/> Session 1 - 12 classes: Sept. 4-Nov. 20	\$160
<input type="checkbox"/> Session 2 - 12 classes: Dec. 4-Mar. 5	\$160
<input type="checkbox"/> Session 3 - 11 classes: Mar. 12-May 28	\$147

Jazz IIIA– Saturday 11:30-12:30pm	
<input type="checkbox"/> Session 1 - 12 classes: Sept. 4-Nov. 20	\$160
<input type="checkbox"/> Session 2 - 12 classes: Dec. 4-Mar. 5	\$160
<input type="checkbox"/> Session 3 - 11 classes: Mar. 12-May 28	\$147

Adult Student or Guardian Signature

Date

Witness (must be over 18 years)

I have read and accept the tuition policy. I understand I am responsible for the full tuition for which the above student is registered and am subject to an early withdrawal fee if she/he does not complete the terms of enrollment.

Open Modern– Tuesday 7:45-8:45pm	
<input type="checkbox"/> Session 1 - 13 classes: Aug. 31-Nov. 23	\$173
<input type="checkbox"/> Session 2 - 12 classes: Nov. 30-Mar. 1	\$160
<input type="checkbox"/> Session 3– 11 classes: Mar. 8-May 24	\$147

Signature

Date

Open Contemporary– Tuesday 4:30-5:30pm	
<input type="checkbox"/> Session 1 - 13 classes: Aug. 31-Nov. 23	\$173
<input type="checkbox"/> Session 2 - 12 classes: Nov. 30-Mar. 1	\$160
<input type="checkbox"/> Session 3– 11 classes: Mar. 8-May 24	\$147

Amount for classes: _____

Method of Payment:

Registration Fee: **\$ 25.00**

Check

Total Amount: _____

Visa

MasterCard

Discover

Exp. date

Open Tap– Thursday 6:30-7:15pm	
<input type="checkbox"/> Session 1 - 12 classes: Sept. 2-Nov. 18	\$160
<input type="checkbox"/> Session 2 - 12 classes: Dec. 2-March 3	\$160
<input type="checkbox"/> Session 3 - 11 classes: Mar. 10-May 26	\$147

Total # of Classes: _____

Credit Card Number

Signature

****If you choose to sign up for the all three sessions of a particular class, the Academic Year tuition pricing applies.**