

Auer Academy of Fort Wayne Ballet

2019-2020 Academic Year

Registration Form

Student Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____

School: _____

Father Day Phone: _____ Father Cell Phone: _____

Mother Day Phone: _____ Mother Cell Phone: _____

Father/Guardian Name: _____ Employer: _____

Mother/Guardian Name: _____ Employer: _____

Emergency Contact (Not Parent): _____ Phone: _____

Relation to Student: _____

Physician's Name: _____ Phone: _____

Please indicate any pertinent information about this student that should be known by the staff and instructors (previous injury, medical, disabilities, medications, etc.) Use back of page if more room is needed.

Please list the classes in which you would like your student to enroll. Classes are filled on a first come, first served basis. Your student's place in class is secured upon receipt of her/his non-refundable registration fee of \$40.00. Additional children are charged a \$15.00 registration fee.

Class Name/Day

Class Name/Day

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

Date

Signature – Parent, Legal Guardian, Non-Minor Student

_____ *Please check here if your dancer will be graduating from High School in the Spring of 2020

Auer Academy of Fort Wayne Ballet
Consent Form
2019-2020 Academic Year

Student: _____

Parent/Guardian: _____

Please initial that you have read and agree to each of the following then sign below. If you do not agree with the statement, then leave the space blank.

_____ I, the undersigned, do not hold Fort Wayne Ballet, Inc., or any of its employees, staff or guest faculty responsible for any accidents that may happen by nature of the physical activity engaged in on these premises.

_____ I understand that the art of dance and nature of dance instruction may sometimes require a teacher to touch my child/me. I also understand that this will happen in a caring, gentle and appropriate manner.

_____ I hereby grant the staff of Fort Wayne Ballet, Inc., permission to administer first aid help, and/or call the student's physician, and/or call 911 in case of a medical emergency while attending classes or rehearsals at Fort Wayne Ballet or rehearsal for performances off site. Fort Wayne Ballet will attempt to first notify parents or guardians in the case of an emergency (see Consent for Treatment form).

_____ I have read and accept the tuition policy (found in my registration packet). I understand that I am responsible for the full tuition for which the above student is registered.

_____ I hereby grant the staff of Fort Wayne Ballet, Inc., permission to administer Ibuprofen or Acetaminophen upon my child's request.

_____ I authorize and consent Fort Wayne Ballet, Inc., the use and reproduction of any and all photographs taken of my student for samples, displays, promotions, advertisements and other legitimate purposes without compensation.

_____ I authorize Fort Wayne Ballet to include my name, address, email, phone number, student name and class level in a student/parent directory.

Date

Signature – Parent/Guardian

**Auer Academy of Fort Wayne Ballet
Consent for Treatment
2019-2020 Academic Year**

Student Name: _____

I/We, the parent(s) or legal guardian(s) of the above named minor child ("Child") who is legally under my/our care, custody and control, voluntarily consent and delegate my/our legal authority to consent to health care services 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 Child 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 Child'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 Child.

This Consent is effective for the period of July 1, 2019 through June 30, 2020 for the Child's participation in classes, activities and performances with the Ballet, wherever located.

Parent/Guardian Signature

Date: _____

Parent/Guardian Signature

Date: _____

Witness

Auer Academy of Fort Wayne Ballet
2019-2020 Tuition Payment Method
(Fill out one of these forms per family)

Student Name: _____ Student Name: _____

Student Name: _____ Guardian: _____

The payment plan I choose is (check one):

- Plan A:** Full-year payment due September 1st
- Plan B:** Semester payments due September 1st and January 1st
- Plan C:** Eight installment payments due the 1st of each month starting September 1st through April 1st.
(For Pre-Pro Levels, tuition will be due September 1st, 2019 through August 1st, 2020.)

The payment method I choose is auto-payments:

- Charge (MasterCard, VISA, Discover, AMEX) – Auto Charge on the 1st of the month**

Card # _____ Exp. ____ / ____ CVC _____

NOTE: For the Automatic Withdrawal and Charge options, payments will be processed on the tuition payment due date.

All families planning for Plan B or C must have a currently valid credit card number on file in the event a payment is not received by the 1st of the month. Fort Wayne Ballet will submit the charge to the credit card on the 10th of the month in the event of non-receipt of payment.

Charge (MasterCard, VISA or Discover)

Card # _____ Exp. ____ / ____ CVC _____

Signature – Parent, Legal Guardian, Non-Minor Student

Date _____

<p><i>For Office Use Only:</i></p> <p>____ Pre-Ballet/week</p> <p>____ Ballet/Week</p> <p>____ Satellite</p> <p>____ PrePro Tuition</p>
