

Eastern Connecticut Ballet

435 Boston Post Road * East Lyme, CT 06333 * 860-739-7899
2010-2011 Registration Form

Start Date: _____
Amt Due: _____
Amt Paid: _____
Ch/Cash: _____

Please write clearly and legibly

New Returning

Student's Name _____ Mother's Name _____
Birth Date and Current Age _____ Father's Name _____

Student's Address _____

City, State, Zip _____

Home Phone _____

E-Mail Address(s) you would like updates and schedules sent to: *(Please notify the office if/when this changes)*

_____ and/or _____

Mother's Employer _____ Father's Employer _____

Does either employer have a "Matching Gifts" program? _____

Mother's Work or Cell Phone _____ Father's Work or Cell Phone _____

How did you find out about us? __Friend __Advertisement __ECB Production __School __Other: _____

Previous Experience/Study _____

Physical Limitations (if any) _____

Please check ALL the classes you would like to register for:

CHILDREN'S CLASSES

Select 1 class

- ___ Children's A (Tues 3:45-4:30)
- ___ Children's B (Tues 4:30-5:15)
- ___ Children's B (Sat 9:30-10:15)
- ___ Children's C (Wed 4-5)
- ___ Children's C (Sat 10:15-11:15)
- ___ Children's D (Tues 5:15-6:15)
- ___ Children's D (Wed 5-6)
- ___ Children's E (Wed 6-7)
- ___ Children's E (Sat 11:15-12:15)

ENRICHMENT CLASSES

- JAZZ/TAP _____ Children's Tap/Jazz ages 7-11 (Tues 4-5)
- _____ Children's Jazz Levels 4/5 (Tues 6:30-7:45)
- _____ Open Jazz Levels 6/7 (Thurs 7:30-8:45)
- MODERN _____ Beg Level 5 (Thurs 6:45-8)
- _____ Int Level 6 (Mon 6:45-8:15)
- _____ Adv Level 7 (Mon 6:30-8)
- ADULT CLASSES _____ Modern Jazz (Tues 6:30-8)
- _____ Ballet (Thurs 6:45-8:15)
- PILATES _____ Mon (9:15-10:15)
- NATURAL STRETCH _____ Mon (9:30-10:30)
- ZUMBA _____ Tues (9:15-10:15a)
- _____ Thurs (9:15-10:15a)

INTENSIVE LEVEL BALLET CLASSES

- Level 1- Select 2** ___ Mon (4-5:15) ___ Thurs (4-5:15) ___ Fri (4-5:15)
- Level 2- Select 2** ___ Mon (4-5:15) ___ Thurs (4-5:15)
- Level 3- Select 2** ___ Mon (5:15-6:45) ___ Thurs (5:15-6:45)
- Level 4- Select 3** ___ Mon (6:45-8:15) ___ Fri (5:15-6:45) ___ Sat (9-10:30)
- Level 5- Select 4** ___ Tues (5-6:30) ___ Thurs (5:15-6:45) ___ Fri (4-5:30) ___ Sat (9-10:30)
- Level 6- Select 4** ___ Mon (5:15-6:45) ___ Tues (5:30-7) w/ pointe (7-8)
- ___ Wed (4-5:30) w/ pointe (5:30-6:30) ___ Fri (5:30-7) ___ Sat (10:30-12)
- Level 7- Select 5** ___ Mon (4-5:30) w/ pointe (5:30-6:30) ___ Tues (4-5:30) ___ Wed (6:30-8)
- ___ Fri (4-5:30) w/ variations (5:30-6:30) ___ Sat (10:30-12) ___ Sun - opt. (11-12:30)

I understand that I am responsible for the entire tuition of classes for which I have registered and that tuition payments will be applied to the term in which they are paid. There are no refunds for missed class or voluntary withdrawal from ECB during the term. Refunds will only be given in the event of prolonged illness or injury, verified by a doctor's excuse.

Signature _____ Date _____
(If under 18, signature of parent or legal guardian is required)

Consent: *I hereby grant to Eastern Connecticut Ballet, Inc. (ECB) permission to take photos, videos, and/or films of me, my son and/or daughter and consent to the use of such materials for promotional purposes by ECB.*

Signature _____ Date _____
(If under 18, signature of parent or legal guardian is required)

Release

I recognize the inherent risks of accident and injury associated with any program of exercise or dance and acknowledge that I am participating upon the express understanding that I am willing and able to accept full responsibility for my own safety and welfare. I hereby release ECB and agree to hold ECB harmless from and against any and all claims and liabilities whatsoever which I may have arising out of my participation at ECB, except for those resulting directly from the gross negligence or willful misconduct of ECB. I hereby execute and deliver this Release to induce the Eastern Connecticut Ballet to permit me to participate in its programs.

Signature _____ Date _____
(If under 18, signature of parent or legal guardian is required.)

Authorization for Substituted Consent and Emergency Contact Information

I hereby grant permission to the Director of Eastern Connecticut Ballet (ECB) or anyone designated by the Director, and to those persons listed below as emergency contacts to authorize emergency medical or surgical treatment, including, but not limited to, blood or blood product transfusions, diagnostic procedures, and the administration of anesthesia, for Student where medically appropriate in case of injury, accident, or illness: subject, however, to the following limitations (if none, so state):

This authorization is given for the benefit of Student. The authorization given to the Director is given with the understanding that the Director, or the Director's designee, (1) will act only in my absence, and (2) will act only until such time as I or my spouse or the Student's legal guardian or the persons designated below can be contacted. I understand that the medical appropriateness of such treatment shall be determined by the attending physician or by the medical facility's medical staff, and that such a determination shall be conclusive evidence of the reasonableness of the consent given. I agree to hold the Director, anyone designated by the Director, ECB and any employees, officers and directors of ECB harmless from liability arising from any and all medical treatment, or complications arising there from, rendered as a result of consent given pursuant to this authorization.

I further authorize (1) the release by ECB or by the persons listed below to the health care provider of such medical and personal information as ECB or the persons listed below may have regarding Student, and (2) the use of such information by the health care provider in the subsequent medical treatment of Student.

PHYSICIAN INFORMATION:

Name of Student's Physician _____ Phone _____

EMERGENCY CONTACT INFORMATION:

Persons to be contacted if you, your spouse or Student's legal guardian(s) are unavailable:

Name _____ Relationship _____

Home Phone _____ Work or Cell Phone _____

The Eastern Connecticut Ballet, Inc. is a non-profit organization and offers equal employment and educational opportunities in accordance with all applicable Federal, State and local laws against discrimination on the basis of race, sex, religion, national origin, age or sexual orientation.