



Aug. 2014-Aug. 2015 Enrollment Form
Merrillville Studio DeMotte Studio Both

Please call our Merrillville Studio Office at 755-4444; DeMotte Studio Office at 987-6601
 or email info@ibtnw.org with registration or admissions questions.

This enrollment form is for August 2014 through August 2015 Dance Year.

Student Information

Student's Name _____ Student's Birthdate _____

Address _____

Home Phone _____ Dancer's Cell _____

Please Circle Primary Contact # Home Mom Cell Dad Cell Dancer Cell

Primary Email _____ Dancer's Email _____

Alternate Email _____

Please Circle Primary Email Parent Email Dancer Email Alternate Email

Mother's Name/Guardian's Name _____ Cell# _____

Mother's Place of Employment _____ Work# _____

Father's Name/Guardian's Name _____ Cell # _____

Father's Place of Employment _____ Work# _____

Please let us know how you heard about IBT _____

Medical Information

Is there any history of prior physical injury/serious illness? ___ Yes ___ No

If yes, please explain _____

If yes, do you have medical clearance to participate from a doctor? ___ Yes ___ No

Do you use an Epi-pen or Inhalers? ___ Yes ___ No

If yes, are they kept in your dance bag and can dancer use independently? ___ Yes ___ No

Classes Interested In

Medical Release in Case of Emergency

Emergency Contact Person (NOT living in the home) _____

Relationship to Student _____ Cell # _____ Home # _____

Street Address _____ City _____ State _____ Zip _____

I will be contacted in the event of a medical emergency. If I cannot be reached, my emergency contact Person will be notified. If I cannot be reached, I hereby authorize Indiana Ballet Theatre or its appointed representatives to authorize medical care. I hereby give permission for my child to receive emergency treatment from a medical professional recommended by Indiana Ballet Theatre if I cannot be reached. In the event of a non-emergency medical situation, Indiana Ballet Theatre may recommend a medical professional for care. The decision whether to consult a medical professional for non-emergency care will be my decision.

Liability Waiver

I understand that Indiana Ballet Theatre is not responsible for any injuries sustained prior to the beginning of classes. I recognize that my/my child's participation may expose him/her to the risk of injury or harm. I accept this risk and hereby release Indiana Ballet Theatre, its agents and employees from all liability for personal injury, illness, or property damage occurring during instruction or performance, whether or not caused by negligence of Indiana Ballet Theatre, its agents or employees. I understand that any studio, gymnasium, or theater is not accountable for any injury, illness, or property damage occurring during instruction or performance whether or not caused by negligence of its agents or employees. I certify that my/my child is in good health and capable of participating in all of the activities and classes. I understand that dance instruction involves kinetic corrections to the body that may involve physically touching the student as part of regular class work and rehearsals. I fully understand that the use of alcohol, tobaccos, illegal drugs and/or demonstration of unacceptable standards of behavior will result in the dismissal of my/my child from the program with no tuition refund.

Media Release

Having consented to the participation of my/my child in classes, activities, and performances at IBT, I understand that during such participation, my/my child or my/my child's class may be photographed or videotaped for educational, news, media, and/or promotional purposes. I hereby give IBT permission to release pictures, video and/or other communication that may include me or my child to the media including, but not limited to, newspapers, radio or television coverage of IBT classes and events, and to the use of such images in IBT newsletters, bulletin boards, website and any other internet presence. By signing this Media Release, I represent that I have legal authority over and custody of the Student named herein, and I give IBT permission to use my/my child's name/likeness as outlined above.

Class Cancellation Information

It may occasionally become necessary for IBT to cancel a scheduled class. Classes may be cancelled due to severe weather, teacher illness, lack of substitute teacher availability, conflict with the schedule of performance rehearsals, or other unforeseen reasons. Notice will be given as far in advance as possible. Cancelled classes will normally be made up. Students who wish to make up cancelled classes are welcome and encouraged to do so, by taking a makeup class at the same level or one level lower than the student's regular class. Please notify the office if you intend to take a class to make up for a cancelled class.

Refund Policy

Interested students are encouraged to take one complimentary class to find out firsthand about IBT's program. Once a student is enrolled, tuition is due and payable, and is non-refundable, with the following exceptions:

- 1. Students whose classes are cancelled for insufficient enrollment will be offered another class. If an appropriate class is not available they will be given their choice of a pro-rated account credit or tuition refund.**
- 2. Students who withdraw for medical reasons with physician's documentation will be given their choice of a pro-rated account credit or tuition refund.**

By signing below I am stating that I am informed and agree with the IBT policies above.

Adult/Parent Signature _____ Date _____

Office Use:

Membership Paid \$ _____ Cash _____ Check # _____ CC _____

Circle One: Merrillville Studio DeMotte Studio Both Studios

Input in Salesforce Y N Mailchimp Y N Completed by: _____