

# INLAND PACIFIC BALLET ACADEMY

## Official School of the Inland Pacific Ballet

### Registration Form 2017-2018 Academic Year – Fall, Winter, Spring, Summer

Please read the full Registration Packet carefully, sign, initial, and date where indicated. (Please use **black** ink only)

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Student Email (optional) \_\_\_\_\_ Student Phone (optional) \_\_\_\_\_

School \_\_\_\_\_ School District \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's E-mail \_\_\_\_\_ 2nd Email \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address if different from student \_\_\_\_\_  
Street City State Zip

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's E-mail \_\_\_\_\_ 2nd Email \_\_\_\_\_

Address if different from student \_\_\_\_\_  
Street City State Zip

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact (in case you cannot be reached) \_\_\_\_\_  
Name Phone

Student Food Allergies \_\_\_\_\_ Student Drug Allergies \_\_\_\_\_

Please include any information which might be helpful in case of an emergency \_\_\_\_\_

#### **Medical Treatment Authorization**

I personally, as the participating student, or the parent or guardian of said student, authorize any emergency medical treatment that may be required for me/my child/ward during participation of this program. My medical insurance is offered through:

Insurance Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Policy/Group/Subscriber Number \_\_\_\_\_ Subscriber's Name \_\_\_\_\_

#### **Important Policies**

\_\_\_\_\_  
Parent Initials I have read and agree to adhere to the rules, regulations, policies, dress code, and tuition policies of Inland Pacific Ballet Academy as shown on pages 3-6 of the Student Handbook.

\_\_\_\_\_  
Parent Initials For purposes of advertising and promotion, photographs and video footage of students may be procured during classes, rehearsals, performances and photo sessions. Parent/Student hereby grants to IPBA/IPB student's irrevocable, perpetual permission to make photographs, videos, drawings, sound recordings, audio-visual recordings and/or any other personal identification of Student (collectively "Identification"), and which images are made, have been made in the past, or will be made in the future, in or in connections with IPBA/IPB productions, events (or the preparation for such productions or events) whether such images are or have been made before, during or after class, rehearsal, performance(s), photo sessions, and/or other events (collectively such images shall be referred to as "Student's Images") and to use, publish and/or otherwise exploit, in any manner or medium, any and all such Student's images for any purpose deemed beneficial for or appropriate to advancing IPBA/IPB's purposes in IPB/IPBA's sole and absolute discretion, including, but not limited to, uses of Student's images in connection with advertising, posters, brochures, CDs, DVDs, films, television programs, the exhibition of Student's images in in-studio and theater galleries, internet, and any other promotional and fundraising purposes. IPBA/IPB will use commercially reasonable efforts to accord Student credit by name in connection with all solo or duo photos in IPBA/IPB publicity materials and in connection with audio-visual recordings of all kinds. However, IPBA/IPB cannot guarantee to accord such credit in connection with promotional posters, brochures, or flyers in which Student's images are promulgated because with respect to such uses, aesthetic considerations and space limitations must be determinative of the layout and design of such materials in IPBA/IPB's sole and absolute discretion.

#### **Indemnity/Hold Harmless Agreement**

I agree to indemnify and hold harmless Inland Pacific Ballet Academy, their agents, officers and employees from and against any and all suits, claims, and expenses including attorney fees by reason of the liability imposed by law upon Inland Pacific Ballet Academy for damage because of bodily injury sustained as a result of my daughter's/son's participation in classes, rehearsals, master classes, and recital. Furthermore, I understand Inland Pacific Ballet Academy cannot be held responsible for lost or stolen property.

\_\_\_\_\_  
Parent signature or student if over 21

\_\_\_\_\_  
Date