



Classical Ballet Academy Summer Intensive Registration Checklist

* ____ STUDENT ATTENDANCE DATES FORM

* ____ CODE OF CONDUCT FORM

* ____ MEDICAL AUTHORIZATION FORM

* ____ PAYMENT & MEDIA AGREEMENT FORM

* ____ Copy of health insurance card (both sides) Year-around students with a current card on file from August 2019 registration do not need to provide another copy.

* ____ Program Tuition check payable to “Classical Ballet Academy”

Number of weeks	Tuition	19/20 Season Ballet Melange Trainees & CBA Students
1	\$700.00	\$700.00
2	\$1,260.00	\$1,190.00
3	\$1,785.00	\$1,680.00
4	\$2,240.00	\$1,820.00
5	\$2,675.00	\$2,220.00
6	\$3,060.00	\$2,600.00
7	\$3,395.00	\$2,885.00
8	\$3,680.00	\$3,125.00

STUDENT ATTENDANCE DATES
CLASSICAL BALLET ACADEMY SUMMER INTENSIVE

Student Name (print)_____

Parent/Guardian Name (print)_____

Space cannot be held until payment in full is received

Please place an **X** next to the week(s) the student wishes to attend
Classical Ballet Academy's 2020 Summer Intensive:

_____ **June 15 - June 19**

_____ **June 22 - June 26**

_____ **June 29 - July 3**

_____ **July 6 - July 10**

_____ **July 13 - July 17**

_____ **July 20 - July 24**

_____ **July 27 - July 31**

_____ **Aug 3 - Aug 7**

***Please indicate preferred alternate dates should requested week(s) be full:**

CODE OF CONDUCT CLASSICAL BALLET ACADEMY SUMMER INTENSIVE

Students attending the Classical Ballet Academy Summer Intensive Program are expected to behave in a disciplined and courteous manner whether on or off the premises of CBA. Persons unwilling or (due to a pre-existing injury or chronic illness) unable to fully commit themselves to the daily regimens, to maintain work habits appropriate for a serious student, and to conform to reasonable and accepted standards of discipline are advised not to apply for enrollment in CBA's Summer Intensive.

PARENTAL/GUARDIAN STATEMENT OF RESPONSIBILITY I, as a parent or guardian of the student named on this application, have read the Classical Ballet Academy Student and Parent Handbook. I fully understand and have discussed with my child that he/she will be expected to conduct him/herself in a disciplined manner, should he/she become enrolled in CBA.

Students attending the CBA Summer Intensive are expected to behave in a disciplined, responsible, and courteous manner. Persons unwilling or (due to pre-existing injury or chronic illness) unable to fully commit themselves to the daily regimens, to maintain work habits appropriate for a serious student, or to conform to reasonable and accepted standards of discipline are advised not to apply for enrollment in CBA's Summer Intensive. Students must be developmentally and physically capable of participating in all classes without assistance. CBA is a non-smoking facility. CBA reserves the right to immediately dismiss any student from the Summer Intensive whose attitude, class attendance, work habits, interrelations with fellow students, school faculty & staff, or overall behavior is in violation of:

- Classical Ballet Academy's Student and Parent Handbook, available on our website.
- Conduct judged as unacceptable by Classical Ballet Academy, including behavior that is considered undisciplined, irresponsible, discourteous, dishonest, harmful, or otherwise unacceptable.
- Local, state, and/or federal laws.

By signing below, you formally accept the Student and Parent Handbook policies and procedures, and agree to the waivers & policies listed in this document.

COVID-19 Special Guidelines and Policies I, as a parent or guardian of the student named on this application, will abide by all current studio policies related to up-to-date COVID-19 guidelines. I fully understand and have discussed with my child that he/she will be expected to conduct him/herself within the guideline at all times. The most up-to-date guidelines will be posted at the studio outside suite #311.

Students may not arrive more than 15 before their check in start time, or be left more than 10 minutes beyond their scheduled end time.

Daily Screening forms must accompany students each morning. If a student is missing this form or it is not signed by a legal guardian, they may not be admitted to class until a completed, signed form can be obtained. Students 18 and older may sign their own forms.

Parent/Guardian Signature (if applicant is under 18 years old)

Date

STUDENT PLEDGE OF COOPERATION I have read the Classical Ballet Academy Student and Parent Handbook and fully understand that I will be expected to conduct myself in a disciplined manner.

I agree to abide by all CBA rules and policies and Program rules, including up-to-date COVID-19 studio policies & guidelines.

I understand that all violations of CBA policies and rules governing it may be grounds for dismissal from CBA's Program.

I also understand that CBA is not responsible for lost or stolen items.

Student Name Printed

Student Signature

Date

MEDICAL AUTHORIZATION FORM
CLASSICAL BALLET ACADEMY SUMMER INTENSIVE

Medical Form Statement of Privacy - Classical Ballet Academy takes great care in protecting medical information of all students. Student medical forms are securely stored at CBA and are only made available to authorized staff members on a need to know basis. Medical forms are made available to medical authorities in case of emergency. All medical forms for the Summer Intensive will be shredded and destroyed upon the close of the session. CBA will not retain any obsolete student medical information or files. **ALL INFORMATION MUST BE PLAINLY PRINTED OR TYPED. FORM MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED PRIOR TO THE PROGRAM START.**

STUDENT INFORMATION

Student's Name: _____ Date of Birth: ____/____/____

Home Address: _____ City: _____ State: ____ Zip: _____

Allergies: _____

Other Medical Conditions: _____

Student's Primary Physician: _____ Phone: () _____ - _____

EMERGENCY INFORMATION

Parent/Guardian 1 Name _____

Parent/Guardian 2 Name: _____

P/G 1 Cell Phone: () _____ - _____

P/G 2 Cell Phone: () _____ - _____

P/G 1 E-mail: _____

P/G 2 E-mail: _____

In the event of an emergency, when parents cannot be reached, please contact:

Full Name: _____ Phone: () _____ - _____

INSURANCE INFORMATION PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD
ONTO A PAGE AND ATTACH TO THIS COMPLETED FORM

Name of Insurance Carrier: _____

Telephone Number: () _____ - _____

Policy Identification Number: _____

Group Number: _____

Subscriber's Full Name: _____

Relation to Student: _____

PARENT/GUARDIAN'S APPROVAL AND MEDICAL RELEASE In consideration of the participation of the student named in this Release of Claims & Medical Authorization Form for CBA's Summer Intensive, I personally, as the participating student or the parent or guardian of such student, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive and release Classical Ballet Academy, their officers, representative, successor, and/or assigns for any and all damages which may be sustained or suffered by me in connection with my association with the above program.

Parent/Guardian Signature (if applicant is under 18 years old)

Date

Further, I grant Classical Ballet Academy, its agents, and employees permission to authorize any emergency medical treatment that may be required for the named student during the Summer Intensive program. I grant CBA permission to act on my behalf in safeguarding my son or daughter's health and safety. The named student has received a physical examination by a physician and has been found physically capable of participating in any activity associated with the program. I hereby give authorization to Classical Ballet Academy to share any and all medical information and/or medical documents to treating medical authorities. It is understood that Classical Ballet Academy will make every effort to contact me prior to the emergency treatment of my student, but that treatment by a licensed physician or medical staff person of a licensed emergency room will not be withheld if I cannot be reached.

Parent/Guardian Signature (if applicant is under 18 years old)

Date

This form is required for all Classical Ballet Academy students. Students who do not complete the form will not be allowed to participate in classes.



PAYMENT & MEDIA AGREEMENT

CLASSICAL BALLET ACADEMY SUMMER INTENSIVE

CONDITIONS Agreement effective for the Classical Ballet Academy Summer Intensive. All Tuition paid to Classical Ballet Academy (CBA) is non-refundable and non-transferrable. Tuition includes class instruction and select rehearsals. Should the health department governing the City of Denver or the State of Colorado require we close the SI program, partial refund will be available.

I understand that CBA is not responsible for lost or stolen items.

PAYMENT TERMS I accept full responsibility for the payment of student tuition. The total balance due must be completely paid to Classical Ballet Academy before a student is considered registered. Due to space constraints, places cannot be held. Student registration will be considered on a case-by-case basis after the registration deadline. I understand that all tuition, enrollment, and fees paid to CBA on behalf of my son or daughter are forfeited by the student if and when he/she is dismissed from CBA.

WITHDRAWAL & DISMISSAL POLICY All tuition is **nonrefundable**. Requests for credits will be reviewed on a case-by-case basis and at the discretion of the directors. It is understood that submission of registration and initial payment to CBA will reserve a student's place in the Summer Intensive Program. Registrations not accompanied by payments will not be processed; students who have successfully registered for the program but subsequently need to withdraw prior to its start should contact the front office immediately at 303.500.3226 for assistance with the formal withdrawal process.

PHOTO, VIDEO, AUDIO AND INTERVIEW RELEASE Unless otherwise noted, as the parent or legal guardian of the student named, my signature below grants permission for my child or ward to be photographed, videotaped and/or interviewed during the course of the Summer Intensive by CBA or any of its authorized agents, and consent for the publication, broadcast, or other use of the student's images and/or words for the purposes of promoting CBA. In addition, I, intending to be legally bound for myself, my heirs, executors and administrators, release Classical Ballet Academy, or any parties acting on their behalf and with their approval, from liability for such uses of my child's or ward's images and/or words.

Parent/Guardian Signature (if applicant is under 18 years old)

Date