

EKKLESIA

CONTEMPORARY BALLET

A Ministry of Living Rock Church

138 Route 81 Killingworth, CT 06419,

860-663-2069

2017 Summer Intensive Registration

Dancer Information:

Dancer Name:			Date of Birth:	Today's Date:
Home Street Address:		City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email Address:	Age:	Grade in School:

Parent/Guardian Information if Dancer is under 18:

Person with whom the student resides: _____ Father/Guardian _____ Mother/Guardian _____ Both

Name of Father/Guardian:	Place of Employment:	Work Phone:	Cell Phone:
Email Address (unless same as above)		Other Info:	

Name of Mother/Guardian:	Place of Employment:	Work Phone:	Cell Phone:
Email Address (unless same as above)		Other Info:	

Emergency Contact: Parent/Guardian will be first person notified; please provide alternate emergency contact.

Name of Emergency Contact:	Relation to Dancer:	Phone #1:	Phone #2:
Allergies if any:			
Does Dancer have health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes – please include copy of insurance card (front & back)			
Do we have your permission to seek emergency medical treatment if necessary? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ (please initial)			

Payment Information:	Tuition	Room & Board	Registration	Total
Out of Town Participant	\$350	\$150	\$50	\$550
Local Participant	\$350		\$50	\$400

	Amount Due
Tuition: \$350/student	\$
Out of Town Participant Fee: \$150 Room & Board	\$
Registration Fee: \$50.00/ non-refundable registration	\$
ALL FEES DUE AT TIME OF REGISTRATION. (make checks out to "Ekklesia Contemporary Ballet")	\$

By signing this form, I agree to abide by the refund/withdrawal policies described within the handbook or on the website. I also understand that I have read and agree to the Registrations and Tuition Fee Schedule as outlined. Pricing is recorded on registration form and is subject to verification and correction. Parent or Guardian must sign this form if the student is a minor.

Signature _____ Date _____

For Office use only	
Amount Enclosed: \$ _____	
Payment Type: Check #: _____ Cash: _____	Date Received: _____ Received by: _____

Ekklesia Contemporary Ballet Release Information

Please initial each segment of this consent form. By doing so you will acknowledge that you have read and understand the terms outlined below. Parent/Guardian must initial if student is under 18.

_____ **Photo/Video Consent:**
Consent is granted for the student/performer to be photographed or videotaped. This may be used without compensation in a public presentation.

_____ **Injury Release:**
It is understood that the risk of physical injury is inherent in dance training. Ekklesia Contemporary Ballet strives to reduce that risk through proper training techniques. However, by signing this form, the undersigned is willing to assume those risks and release, hold harmless and indemnify Ekklesia Contemporary Ballet, its related entities (i.e. The Living Rock Church), agents, employees, officers and representative from and against any and all claims, demands, actions, judgments which the undersigned, or any other person ever had to may have against the Ekklesia Contemporary Ballet for any losses, costs and expenses (including Attorney's fees) and damages or injuries known or unknown, real or personal, sustained by me or my shield while in attendance and /or participating in all Ekklesia Contemporary Ballet programs. The undersigned also agrees that he or she will not hold Ekklesia Contemporary Ballet responsible for the loss or damage of personal property while in attendance and/or participating in any of these programs. *All minors must be covered by a personal health insurance policy.*

_____ **Physical Contact:**
Dance is an art form that requires teachers to be able to have appropriate physical contact for the purpose of making technical corrections. Consent is granted for such physical contact.

_____ **Rules & Policies:**
The signature below implies agreement to abide by the rules and policies of the Ekklesia Contemporary Ballet. This includes, but is not limited to, behavior that exhibits respect to fellow students, the teacher and the facility.

Please complete the following section with any information regarding the performer/student that is important for the Ekklesia Contemporary Ballet to know.

_____ **Dancer's Name (Please Print)**

_____ **Signature of Dancer**
(or Parent/Guardian if student is under age 18)

_____ **Date**