



Summer Intensive Application

Choate Rosemary Hall Residential 1-Week Camp

Return completed application to: New Haven Ballet
 Email: administrator@newhavenballet.org

Tel. 203-782-9038
www.newhavenballet.org

STUDENT

Name _____ Male
 Address _____ Female
 _____ _____

 E-Mail _____ Age _____
 Home Phone _____ Cell _____ Date of Birth _____
 Academic School _____ Grade: _____
 NHB Level _____ Date started NHB _____
 How did you hear about us _____
 Previous Dance School(s) _____
 Name _____ Years Attended _____
 Name _____ Years Attended _____
 Primary Care Physician _____ Telephone _____
 Health Plan/Insurance Company _____ Policy # _____
 Pertinent Medical Information (allergies, medications, physical or learning disabilities, etc.) _____
 Emergency Contact Name _____ Tel. _____

PARENTS / GUARDIANS (To be completed when student is under the age of 18)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Name _____ First Middle Initial Last Address _____ Number Street Unit _____ City State Zip E-Mail _____ Home Phone _____ Cell _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Name _____ First Middle Initial Last Address _____ Number Street Unit _____ City State Zip E-Mail _____ Home Phone _____ Cell _____
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NEW HAVEN BALLET WAIVER

Please read the following terms & conditions and sign below

Summer Intensive Tuition Policy: If you are accepted into the program a 25% non-refundable deposit is due to hold your spot. The remaining full tuition is due before June 1. There is a \$25.00 charge for returned checks. Tuition is not refundable. Failure to pay full tuition on or before June 1 allows for the student's spot to be forfeited and offered to another student. The total tuition, room, board, registration, and activities fee is \$1,240.

Roommate Request (students must request each other at the time of submitting this application to be considered. NHB cannot guarantee roommate requests): _____

- **NHB is committed to diversity:** Please answer the following question. What is the student's race/ethnicity? Please mark the box that describes the race/ethnicity category with which he/she/they primarily identifies. Submission of this information is voluntary. Responses will remain confidential and used only to satisfy reporting requirements. When reported, data will not identify any specific individuals.

N/A
 Hispanic or Latino
 White
 Black or African American
 Asian
 Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native
 Two or more cultures
- **Liability Waiver:** I hereby consent to participate in New Haven Ballet's programs. I am aware that all forms of dance and the rigorous exercises associated with it place unusual stresses on the body and carry with them the possible risk of harm or injury. I am aware that students will be engaging in non-dance activities including but not limited to access to the pool and other areas of the campus, and that the student will be engaging in activities off campus as well. I consent to these activities. I assume any risk and agree that New Haven Ballet and Choate Rosemary Hall Foundation, Incorporated, and their respective staffs and the facilities, shall not be liable in any way for injuries I or my child sustain during attendance in the programs. I agree that I will not hold New Haven Ballet, Inc. or Choate Rosemary Hall Foundation, Incorporated or any of its trustees, employees, directors, officers, agents, successors and assigns liable and hold them harmless from and against any and all losses, damages, liability, claims, costs and expenses (including attorneys' fee and court costs), arising out of or in any way connected with or resulting in any way from the programs or the use of any facilities during the programs. I hereby waive any claims against said parties from any claims arising from New Haven Ballet's programs and/or the use of facilities. I also agree to release from and against any and all claims and liability that may arise in connection with the programs, including but not limited to all claims and liability associated with risks related to COVID-19.
- **Student and Parent Handbook:** I/we have read, consent to, understand, and agree to/with NHB's policies and procedures, including those stated in the NHB Handbook, and will abide by them.
- **Photo Waiver:** I hereby irrevocably consent to and authorize the use of reproduction by New Haven Ballet of any and all photographs, recordings, videotapes and/or other reproduction or likenesses of the student's person or characteristics (reproductions) which have been secured by or for New Haven Ballet, for any purpose whatsoever, without compensation to the student. All reproductions shall constitute the property of New Haven Ballet, solely and completely. Further, I assign and release all rights to said reproductions and authorize New Haven Ballet, or others authorized by it, to exhibit, broadcast, and/or distribute or otherwise further reproduce said newspapers, closed circuit television, website, film, cable, and television, with or without compensation in perpetuity. I also release, discharge, and agree to hold harmless the producers or any persons, or entities acting under their permission or authority from any liability arising from the use of said reproductions.

YOUR SIGNATURE BELOW INDICATES YOU HAVE READ AND AGREE TO ABIDE BY NHB'S POLICIES AND PROCEDURES

Signature: _____ Signed By: _____ Date: _____
(Parent/Guardian or Student if over 18) (Print your name)