



LISA KIM SANBORN  
ARTISTIC DIRECTOR

## Summer Intensive Registration Form Choate Rosemary Hall Residential Camp

New Haven Ballet  
[www.newhavenballet.org](http://www.newhavenballet.org)  
[administrator@newhavenballet.org](mailto:administrator@newhavenballet.org)  
203-782-9038

### STUDENT

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



## NEW HAVEN BALLET PAYMENT & WAIVER

Please read the following terms & conditions and sign below  
If you wish to pay by Credit Card, please enter your information below

- **Summer Intensive at Choate Tuition Policy:** A 25% non-refundable deposit is due to register for the Summer Intensive at Choate. 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.

- Families/students with an outstanding balance will not be allowed to register until payment is made.
- Please make checks payable to NEW HAVEN BALLET.

☐ Enclosed is a check for the full balance due. ☐ Charge my credit card the amount of \$\_\_\_\_\_ (Visa/Mastercard/AMEX)

Name on Card \_\_\_\_\_ Account # \_\_\_\_\_ CVVC \_\_\_\_\_ Exp. Date \_\_\_\_\_

Return this form with payment to: Registrations, New Haven Ballet, 70 Audubon St., New Haven, CT 06510

- **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)