NEW HAVEN BALLET
LISA KIM
ARTISTIC DIRECTOR

Student Information & Waiver

STUDENT

Name _____ ☐ Male ☐ Female ☐ _____
First Middle Initial Last

Address _____ Age _____
Number Street Unit

_____ _____
City State Zip Date of Birth

E-Mail _____

Home Phone _____ Cell _____

Academic School _____ Grade: _____

NHB Level ____

How did you hear about us_____

Previous Dance School(s) _____
Name Years Attended

_____
Name Years Attended

Date started NHB _____

Primary Care Physician _____ Telephone_____

Health Plan/Insurance Company _____ Policy # _____

Pertinent Medical Information (allergies, medications, physical or learning disabilities, etc.)

Emergency Contact Name _____ Cell _____

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

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name _____
First Middle Initial Last

Address _____
Number Street Unit

_____
City State Zip

E-Mail _____

Work Tel. _____

Cell _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name _____
First Middle Initial Last

Address _____
Number Street Unit

_____
City State Zip

E-Mail _____

Work Tel. _____

Cell _____

New Haven Ballet
Tel. 203-782-9038
Email: administrator@newhavenballet.org
www.newhavenballet.org

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NEW HAVEN BALLET PAYMENT & POLICY ACKNOWLEDGEMENTS

Please read the following terms & conditions and sign below. Students must fill out this registration form before their first class. If you wish to pay by Credit Card, enter your information below.

- **Tuition Policy:** Full tuition is due at the beginning of each session. Payment plans are arranged with the approval of the New Haven Ballet Business Manager. Any tuition payment more than 30 days late will be charged a $25.00 late fee. There is also a $25.00 charge for returned checks. Once classes begin, tuition is not refundable. Students who miss class or withdraw before the end of the session are obligated to pay full tuition without exception unless the class is canceled. **Students are eligible for a pro-rated tuition refund only if they withdraw from classes due to prolonged illness or severe injury, verified by a medical doctor's certificate.**

  • Families/students with an outstanding balance will not be allowed to register until payment is made.
  • Full tuition and $35 registration fee is due before registration can be processed.
  • 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_____

DO NOT SEND CREDIT CARD INFORMATION VIA EMAIL

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(es) that describe(s) the race/ethnicity categories with which the student 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

- **Medical Consent and Liability Waiver:** I hereby consent to participate in New Haven Ballet 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 physical injury. I assume this risk and agree that New Haven Ballet, its staff, and the New Haven Ballet facilities shall not be liable in any way for injuries I or my child sustain during attendance in this program. **I agree that I will not hold New Haven Ballet, Inc. or any of its employees liable for injuries or illness contracted by me or my child while a student at New Haven Ballet.**

- **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.

  ☐ **I/we agree to the photo waiver** ☐ **I/we do not agree to the photo waiver**

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)

Office Use Only:

☐ Fall ☐ Spring ☐ Fairfield ☐ Summer ☐ Teen/Open ☐ Danspace ☐ Studio 70 ☐ Whitney ☐ Branford

NHB Test Results _____ Repeat Level _____

Waiver Received:_____ ☐ **Fee Received** ☐ **FinA** _____

Info. Updated:_____

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