

— B A L L E T —  
H A R T F O R D

**REGISTRATION FORM  
2021 SUMMER INTENSIVE**

**DANCER INFORMATION**

Dancer name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Age: \_\_\_\_\_  
Grade in School: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION  
(if student is under 18)**

Person with whom student resides (father/mother/both): \_\_\_\_\_  
Name of Father/Guardian (first/last): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Cell/Work Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Additional Info: \_\_\_\_\_

Name of Mother/Guardian (first/last): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Cell/Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Additional Info: \_\_\_\_\_

**EMERGENCY CONTACT**

Name (first/last): \_\_\_\_\_  
*Parent/Guardian will be first person notified; please provide alternate emergency contact.*  
Relation to dancer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
  
Physician's Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_  
City: \_\_\_\_\_  
Physician's Phone: \_\_\_\_\_  
Allergies if any: \_\_\_\_\_

### SIGNATURE

*By signing this form, I agree to abide by the refund/withdrawal policies described within the information on the website. I also understand that I have read and agree to the Registrations and Tuition Fee Schedule for this fiscal year. 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 \_\_\_\_\_

### MEDICAL AUTHORIZATION (for minors)

Name of child: \_\_\_\_\_  
Condition for which drug is being administered: \_\_\_\_\_  
Drug name: \_\_\_\_\_  
Drug dose: \_\_\_\_\_  
Route of administration: \_\_\_\_\_  
Time of administration: \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Relevant Side Effects (list or none): \_\_\_\_\_  
Specify side effects: \_\_\_\_\_  
Prescriber's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_

*I hereby give permission for my child to carry and self-administer the above medication while at the Summer Intensive from Monday, June 28 - Saturday, July 3, 2021.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT INFORMATION

Early Registration: \$600 + \$25 = \$625 TOTAL (Before May 15, 2021)  
Standard Registration: \$675 + \$25 = \$700 TOTAL (After May 15, 2021)

Send all payments to:  
Ballet Hartford  
224 Farmington Ave  
Hartford, CT 06105

ALL CHECKS MADE PAYABLE TO BALLETT HARTFORD

**RELEASE INFORMATION**

Please initial each segment below of this consent form. By doing so you will acknowledge that you have read and understood 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.

Initial: \_\_\_\_\_

**INJURY RELEASE**

It is understood that the risk of physical injury is inherent in dance training. Ballet Hartford 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 indemnify Ballet Hartford, its related entities, agents, employees, officers and representatives from and against any and all claims, demands, actions, judgments which the undersigned, or any other person ever had to may have against Ballet Hartford 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 Ballet Hartford programs. The undersigned also agrees that he or she will not hold Ballet Hartford responsible for the loss or damage of personal property while in attendance and/or participating in any of these programs.

Initial: \_\_\_\_\_

**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.

Initial: \_\_\_\_\_

**RULES & POLICIES**

The initial below implies agreement to abide by the rules and policies of Ballet Hartford. This includes, but is not limited to, behavior that exhibits respect to fellow students, the teacher and the facility.

Initial: \_\_\_\_\_

Please include any information regarding the dancer/student that is important for Ballet Hartford to know:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_