



# Idaho Falls School of Ballet 2017 Registration Form

Student 1 \_\_\_\_\_ Grade in Sept 2017 \_\_\_\_\_

Date of Birth \_\_\_\_\_ IFSB Class Level and Days \_\_\_\_\_

1st Trimester Tuition \$ \_\_\_\_\_

Initial Costume Fee \$ \_\_\_\_\_

**\*Sub-total A** \$ \_\_\_\_\_

Student 2 \_\_\_\_\_ Grade in Sept 2017 \_\_\_\_\_

Date of Birth \_\_\_\_\_ IFSB Class Level and Days \_\_\_\_\_

1st Trimester Tuition \$ \_\_\_\_\_

Initial Costume Fee \$ \_\_\_\_\_

**\*Sub-total B** \$ \_\_\_\_\_

Student 3 \_\_\_\_\_ Grade in Sept 2017 \_\_\_\_\_

Date of Birth \_\_\_\_\_ IFSB Class Level and Days \_\_\_\_\_

1st Trimester Tuition \$ \_\_\_\_\_

Initial Costume Fee \$ \_\_\_\_\_

**\*Sub-total C** \$ \_\_\_\_\_

\* Sub-total A (from above) \$ \_\_\_\_\_

\* Sub-total B (from above) \$ \_\_\_\_\_

\* Sub-total C (from above) \$ \_\_\_\_\_

Registration Fee (per family) \$ \_\_\_\_\_

**Total 1st Trimester Payment to IFSB** = \$ \_\_\_\_\_

**IN ORDER TO SECURE A SPOT IN OUR SCHOOL, PLEASE MAIL YOUR COMPLETED REGISTRATION FORM AND FEE TO**

**IFSB**

**410 16TH STREET**

**IDAHO FALLS, ID 83402**

### Acknowledgement of Risk

In consideration of the services and instruction provided by Idaho Falls School of Ballet, LLC, I agree and acknowledge as follows. Although reasonable steps have been taken to provide students with a safe facility and skilled instruction, I acknowledge that this physical activity is not without risk to students. This reminder is not intended to frighten students or reduce their enthusiasm for this activity, but it is important to be informed of the inherent risks. Any physical activity involves certain risks depending on health, condition and appropriate level of physical activity for the student. If there is a question regarding the student's physical condition and appropriate level of physical activity the student's personal physician should be consulted.

Accidents may occur including, but not limited to, slips and falls, which may result in bruises, sprains, pulled muscles, fractures, or broken bones. I am aware that exercise and dancing entails certain risks of injury or illness. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or illness to the student. I agree to assume responsibility for those risks to the student, both identified and unidentified. The student's participation in this activity is purely voluntary, no one is forcing the student to participate and the student chooses to participate in spite of possible risks.

The student possesses at least the following qualifications which are understood to be the prerequisites for participation: the student has had a recent medical checkup and is in good health, the student's physical condition and fitness have been evaluated and determined appropriate for this activity, and the student is covered by health and accident insurance sufficient to cover any bodily injury the student may sustain. I certify that the student is fully capable of participation in this activity and therefore assume full responsibility for any bodily injury or illness suffered by the student and any associated expenses.

I have read, understand, and accept the terms and conditions stated above and acknowledge that this agreement shall be effective and binding on me, the student, our heirs, assigns, personal representatives, estate, and all members of the student's family. I further agree to hold Idaho Falls School of Ballet and its instructors harmless from any claims arising out of any injury suffered by the student except for willful acts committed by the company and its instructors.

*Please note that students may be photographed during IFSB performances or classes. Photographs may be used on IFSB's website or printed materials, without identifying students. Your signature below permits this usage unless IFSB is contacted and you specify otherwise.*

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

Parent Name(s) \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Student/Other Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Medical Insurance \_\_\_\_\_

How did you hear about our School? \_\_\_\_\_