

INDIANAPOLIS SCHOOL of BALLET

Victoria Lyras • Artistic Director

Student/Family Information Form and Release

Indianapolis School of Ballet • 502 N. Capitol Avenue, Suite B • Indianapolis, IN 46204

Phone: (317) 955-7525 • Fax: (317) 955-7526 • E-mail: school@indyballet.org

Student's Name _____ DOB ____/____/____ Age _____ Gender _____
Address _____ Phone _____
City _____ State _____ Zip _____
Student E-mail (optional for children) _____

Parent/Guardian(s) _____

Billing Address (if different than above) _____

City _____ State _____ Zip _____

Please indicate home, work or mobile phone

Phone # 1 _____ Email for billing _____

Phone #2 _____ Alt. Email _____

Phone #3 _____

Academic School Student Attends _____

Address _____ Grade _____

Emergency Contact (other than parents) _____

Relationship _____ Home Phone _____

Work Phone _____ Cell Phone _____

Name(s) of Previous Dance School(s) _____

Number of Years: Ballet _____ Pointe _____ Jazz _____ Tap _____

Refunds

Tuition and fees are non-refundable except in the case of serious illness or injury as verified by a doctor's certificate.

Liability Release

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is the possibility of physical injury. I agree, therefore, to assume all risks of any such injury to myself, (or my minor child), which might occur during any and all Indianapolis School of Ballet (ISB) classes, rehearsals, or performances. I exempt, release and indemnify the ISB, its members, agents, employees, guest artists and faculty members from any and all liability claims, demands or causes of action whatsoever from any damage, loss or injury to me (or my minor child) or my (or my minor child's) personal property which may arise out of or in connection with participation in any classes or activities conducted by the ISB, whether such loss, damage or injury results from the negligence, passive or active, of ISB, its members, agents, employees, guest artists or faculty members or from some other cause.

Publicity Release

I hereby grant Indianapolis School of Ballet the right to use the name and photograph of the undersigned in all forms and in all media and in all manners, for the purpose of publicity, advertising and other lawful promotions. The undersigned hereby waives any right to inspect or approve the finished versions before any such use.

I have read, understand, and agree to the Refund Policy, Liability Release and Publicity Release.

Signature: _____ Date: _____

(Must be signed to register and by parent or guardian if student is under 18 years of age.)

OFFICE USE ONLY

Recommended Placement: _____ Notes: _____