



Victoria Lyras • Founding Artistic Director
Professional Level Program (PLP)
Registration and Release Form

Student's Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ M F
Address \_\_\_\_\_ Phone \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Student E-mail \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_
Billing Address (if different than above) \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone \_\_\_\_\_ Primary Email \_\_\_\_\_
Cell Phone \_\_\_\_\_ Alternate Email \_\_\_\_\_

How did you hear about ISB? \_\_\_\_\_
Emergency Contact (other than parents) \_\_\_\_\_
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
Academic School Student Attends \_\_\_\_\_ Grade \_\_\_\_\_
Name(s) of Previous Dance School(s) \_\_\_\_\_
Number of Years: Ballet \_\_\_\_\_ Pointe \_\_\_\_\_ Modern \_\_\_\_\_ Jazz \_\_\_\_\_ Tap \_\_\_\_\_

Refund Policy

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) and/or Indianapolis Ballet (IB) classes, rehearsals, or performances. I exempt, release and indemnify the Indianapolis Ballet, Inc., 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/IB, whether such loss, damage or injury results from the negligence, passive or active, of ISB/IB, its members, agents, employees, guest artists or faculty members or from some other cause.

Publicity Release

I hereby grant Indianapolis School of Ballet and Indianapolis Ballet the right to use the name, voice, likeness, statements, actions and biographical data of the undersigned in all forms, 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 \_\_\_\_\_
(Form must be signed by parent or guardian to register if student is under 18 years of age.)