



FALL 2010/2011 STUDENT REGISTRATION FORM

PLEASE MAIL THE REGISTRATION FORM AND THE WAIVER FORM TO:
 CINCINNATI BALLET OTTO M. BUDIG ACADEMY
 1555 CENTRAL PARKWAY, CINCINNATI, OHIO 45214

Please return completed registration form with \$130 (per family, not per student). This fee covers the non-refundable \$30 registration fee and \$100 tuition deposit. This deposit counts toward tuition. Please do not leave any section blank.

INFORMATION

STUDENT NAME: _____

I am registering more than one student. Sibling Discount: 10% discount off total tuition

DOB: mm/dd/yy _____ MALE FEMALE

CHILD'S ACADEMIC SCHOOL: _____ GRADE: _____

Best number to reach you: _____ Cell Work Home

ADDRESS: _____

APT #: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

Most of our communications with parents is via email only, allowing us to dedicate more resources to your child's training by saving postage, printing and the environment. Thank you for sharing your e-mail address with us.

Mother's Name: _____

work #: _____ cell #: _____

Employer: _____ Job title: _____

Father's Name: _____

work #: _____ cell #: _____

Employer: _____ Job title: _____

Emergency Contact (other than parent):

Name: _____

cell #: _____ other #: _____

Relation to student: _____

Name of primary billing contact: (if different from above): _____

Address: _____

Telephone #: _____ cell #: _____

E-mail: _____

CLASS SELECTION

Division: Children's Division Ages 3 - 7 Main Division Ages 8 + up

Please list your preferred classes of interest and campus of choice. You can view a current schedule online at cballet.org. We send your final schedule by email.

Campus: Blue Ash Downtown
 Class(es) _____

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New students to the Academy may schedule a class placement exam (ages 10+) by calling 513-621-5219 x 111 to arrange a time. There is a \$20 non-refundable placement class fee.

I am interested in volunteer opportunities

PAYMENT PLAN OPTIONS

Please select one of the following. All payment is by credit card or check.

OPT 1: Payment in full for the year (5% discount. Thank you!)
 Due first day of class: Aug. 23, 2010.

OPT 2: 2 installments during the year
 Due: Aug. 23, 2010 and Feb. 4, 2011 (one per semester)

OPT 3: 4 installments during the year
 Due: Aug. 23, Nov. 1, 2010; Feb. 4 and Apr. 1, 2011

OPT 4: Monthly Credit Card Plan: 9 Installments automatically charged the 1st business day of the month. An additional \$25 service fee will be charged to your card with first installment. Declined payments will incur an additional \$30 charge.

Delinquent Accounts & Declined Payments: a non-refundable \$10 late fee will be charged to your account each time a payment due date is missed. An additional monthly \$10 charge will be assessed for as long as your account remains delinquent. Accounts that remain past due will jeopardize your child's participation in classes / rehearsals. The primary billing contact will be responsible for the outstanding balance and any collection costs incurred by Cincinnati Ballet. A \$30 charge will be assessed on all returned checks and declined credit cards.

Early Withdrawal & Tuition Adjustment / Refund information: Registration is for the duration of the full academy year (August, 2010 – May 2011). Students wishing to cancel their enrollment may do so by submitting their early withdrawal form to the Director of Academy Operations by the end of the first two weeks of each semester. Those withdrawing for a nonmedical reason by the above deadline will be able to receive a tuition adjustment/ refund. No refunds/tuition adjustments will be available after the above deadline, except in the event of a documented serious illness, injury or family relocation. Such requests must be made in writing and be accompanied by a doctor's note. Informing your child's instructor/ receptionist is not considered a formal notification of withdrawal. In cases where written notification is received after a student stops attending class, the billing contact will still be held responsible for tuition due for the classes between the last attended class and the effective date of withdrawal. Written Early Withdrawal Form must accompany all withdrawals. You can download the Early Withdrawal form at cballet.org.

TUITION WORKSHEET

- Calculate your total tuition for the year \$ _____
- If applicable, select ONE of the options below.
 - SUBTRACT 15% for sibling discount AND pay-in-full. \$ _____
 - SUBTRACT 10% for sibling discount only. \$ _____
 - SUBTRACT 5% for pay-in-full only \$ _____
 - TOTAL TUITION for the year after discounts \$ _____
- Check if you choose NOT to pay in full. A \$100 deposit is due now to hold your spot.
 - \$100 Tuition deposit \$ _____
 - AMOUNT I AM PAYING NOW (LINE e. OR f.). \$ _____
- Add registration, Spring Production fee and optional subscription package.
 - Nonrefundable Registration Fee *per family* \$ 30
 - Mandatory Spring Production Fee \$ _____
 Main Division Levels 3-7 \$120. Children's Division \$80. Levels 1-2 optional.
 We will add this amount to your statement.
 Cincinnati Ballet Subscription Academy Series
 - # _____ Subscriptions x \$150 \$ _____
- TOTAL AMOUNT ENCLOSED: Add lines g, h and j \$

Payment Method

- CHECK payable to Cincinnati Ballet (please do not send cash)
 Visa Mastercard Card # _____ Exp. _____

By providing Credit Card information above you authorize Cincinnati Ballet Academy to make automatic tuition charges for the 2010/2011 school year based on the payment plan option you selected. Please make a note of the dates listed above.

By registering my child at Cincinnati Ballet Otto M. Budig Academy I agree to comply with all policies and procedures as stated in the 2010/2011 Student Handbook.

X _____ continue >>

WAIVER FORM

Consent and Waiver of Liability

I declare that I have either consulted a physician or voluntarily chosen not to consult a physician before or during the course of the program. I have been warned that my child must be in good health to participate in the program and I now declare that she/he is in good health. I understand that as parent or guardian I will be contacted if medical attention is required during class time. If I cannot be reached I authorize Cincinnati Ballet staff to arrange for treatment as necessary. I shall indemnify, hold harmless and defend Cincinnati Ballet, its employees and agents, except in cases of willful negligence or misconduct on their part, against any and all claims, actions, or suits brought for damages or alleged damages, and from all liability, loss and expense, including reasonable legal expenses, resulting from any injury to person or property or from loss of life sustained by my child while my child participates in classes, rehearsals and performances on the premises of Cincinnati Ballet Otto M. Budig Academy of Cincinnati Ballet, Music Hall, The Aronoff Center for the Arts and other venues, where these activities may take place.

I / we permit my / our child to attend and participate in all Cincinnati Ballet Academy activities and events. It is understood that dance instruction involves kinetic corrections that may include physically touching as part of regular classwork and rehearsals. I / we also realize that there are inherent risks of serious injury in all of the above activities as well as in the general participation in Cincinnati Ballet Academy activities and events. I shall not hold Cincinnati Ballet and its agents responsible for the loss or theft of my personal items.

Does your child have any pre-existing medical condition that impacts ballet training?

Yes No

If yes, please specify: _____

X _____ date _____
parent / guardian signature

MEDIA RELEASE

I hereby give to Cincinnati Ballet, its legal representatives and assigns, those for whom Cincinnati Ballet is acting, and those acting with their authority: the permission to record my child's image and/or sound and grant Cincinnati Ballet all rights to use these sound, still or moving images in any medium, and give all rights to the sound, still, or moving images to Cincinnati Ballet; the unrestricted right and permission to copyright and use, re-use, publish, and republish my child's image and/or sound or in which my child may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my child's own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever. I also permit the use of any printed material in connection therewith. I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied. I hereby release, discharge and agree to save harmless Cincinnati Ballet, its legal representatives or assigns, and all persons functioning under their permission or authority, or those for whom they are functioning, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy. I consent to the use of my child's sound, still or moving images in all other purposes not explicitly mentioned herewith, and any and all heretofore unmentioned representations and/or media shall be included in this consent.

Your signature below indicates that you have read and agree to abide by the policies and procedures listed here.

X _____ date _____
parent / guardian signature

Do not leave blank. Your registration will be delayed if this form is not signed and returned with your registration and payment.

Please contact us for schedule, placement information and/or any questions: via email: academy@cballet.org or call **513.621.5219 ext. 111**