



FALL 2008 – SPRING 2009 REGISTRATION FORM

Registration Deadline:
August 22, 2008!
Must complete entire form for
registration to be processed

STUDENT INFORMATION

Student Name _____ Phone (____) _____

Home Address _____
Street Address City State Zip Code

E-mail _____

(Please list the best e-mail address (i.e. parent's) for information regarding school events, performances and volunteer needs)

Female Male Date of Birth _____ Age _____ Academic School _____ Grade _____

I have been a student at Marin Ballet. Most recent year _____ Level _____

I am new to Marin Ballet. Previous Training _____

Check only if you **DO NOT** wish to have the above information published in The MB Directory (distributed to MB families only).

Marin Ballet funding sources require information regarding racial/ethnic origin. Responses will be held as confidential.

Asian-American/Pacific Islander African-American Hispanic/Latino White Other _____

CLASS REGISTRATION

➤PRE-BALLET DIVISION (choose 1 class)

Movement Exploration	Creative Movement	Ballet Preparatory 1	Ballet Preparatory 2
<input type="checkbox"/> ME-1 (Mon 2:00-2:45)	<input type="checkbox"/> CM-1 (Mon 3:00-4:00)	<input type="checkbox"/> Prep 1-1 (Mon 3:00-4:00)	<input type="checkbox"/> Prep 2-1 (Mon 4:00-5:00)
<input type="checkbox"/> ME-2 (Sat 9:00-9:45)	<input type="checkbox"/> CM-2 (Tues 1:45-2:45)	<input type="checkbox"/> Prep 1-2 (Tues 3:00-4:00)	<input type="checkbox"/> Prep 2-2 (Wed 4:00-5:00)
<input type="checkbox"/> ME-3 (Sat 10:00-10:45)	<input type="checkbox"/> CM-3 (Fri 3:00-4:00)	<input type="checkbox"/> Prep1-3 (Thurs 3:00-4:00)	<input type="checkbox"/> Prep 2-3 (Thurs 4:00-5:00)
	<input type="checkbox"/> CM-4 (Sat 9:00-10:00)	<input type="checkbox"/> Prep 1/2-4 (Fri 4:00-5:00)	<input type="checkbox"/> Prep 1/2-4 (Fri 4:00-5:00)
	<input type="checkbox"/> CM-5 (Sat 10:45-11:45)	<input type="checkbox"/> Prep 1-5 (Sat 10:00-11:00)	<input type="checkbox"/> Prep 2-5 (Sat 9:00-10:00)
		<input type="checkbox"/> Prep 1/2-6 (Sat 11:15-12:15)	<input type="checkbox"/> Prep 1/2-6 (Sat 11:15-12:15)

➤PRIMARY, INTERMEDIATE & ADVANCED BALLET DIVISIONS (check all that apply)

<input type="checkbox"/> Level 1-1 (Mon)	<input type="checkbox"/> Level 2-1 (M/W)	<input type="checkbox"/> Level 3-1 (M/W)	<input type="checkbox"/> Level 5	<input type="checkbox"/> Level 7
<input type="checkbox"/> Level 1-2 (Tues)	<input type="checkbox"/> Level 2-2 (T/S)	<input type="checkbox"/> Level 3-2 (T/Th)	<input type="checkbox"/> Level 5 optional	<input type="checkbox"/> Level 7 optional
<input type="checkbox"/> Level 1-3 (Thurs)	<input type="checkbox"/> Level 2-3 (Th/S)	<input type="checkbox"/> Level 4	<input type="checkbox"/> Level 6	<input type="checkbox"/> Level 8
<input type="checkbox"/> Level 1-4 (Sat)		<input type="checkbox"/> Level 4 optional	<input type="checkbox"/> Level 6 optional	<input type="checkbox"/> Level 9

PAYMENT

I have read and acknowledge Marin Ballet's payment policies _____ (initial)

Quarterly Tuition Total	\$ _____
Sibling Discount (-20% of lesser tuition)	\$ _____ () _____
Scholarship (-% of award)	\$ _____ () _____
Non-refundable Annual Registration Fee	\$ 60.00
Performance Fee (\$50.00 for Levels 2-4 or \$75.00 for Levels 5-9)	\$ 50.00 or 75.00 for Levels 2-9 only
<i>I understand that Marin Ballet is a not-for-profit organization and that tuition covers only 60% of the school's expenses. Therefore, I enclose a contribution of:</i>	
Total:	\$ _____

Payment Method: Check Enclosed Visa MasterCard

Credit Card Payment Authorization:

Card # _____ Exp _____ Signature _____



FALL 2008– SPRING 2009
REGISTRATION FORM - CONTINUED

Parent Information
Medical & Emergency Info
Release Agreement

PARENT INFORMATION

Mother's/Guardian's Name Phone (H) (Cell)

E-mail Address

Home Address Street Address City State Zip Code

Employer Position Work Phone

Father's/Guardian's Name Phone (H) (Cell)

E-mail Address

Home Address Street Address City State Zip Code

Employer Position Work Phone

I authorize mail to be sent to the parent/guardian listed above not living at the child's primary residence.

Billing Name, Address & Relationship, if different from above:

MEDICAL INFORMATION (Responses will be held as confidential)

- I hereby give Marin Ballet or its designated representative permission to obtain emergency medical attention, short of major surgery, for my child/ward, (name) (initial).
My child/ward is subject to certain medical conditions or must take the following prescribed medications on a regular basis
List allergies/reactions & treatment
I understand that dancing is a strenuous exercise and that there is risk of injury in the execution of dance. My child/ward is in good and normal physical condition, and I will notify Marin Ballet about changes in her/his fitness. I will not hold Marin Ballet responsible for any injuries resulting from dance training. (initial)

Student's Physician (phone)

Student's Dentist (phone)

Insurance Provider

EMERGENCY CONTACTS

In case of emergency or disaster all efforts will be made to contact the parents at the phone numbers provided on the registration form. Please provide alternative phone numbers and contacts.

Local Emergency Contacts

1. _____
Name/Relationship *Phone*

2. _____
Name/Relationship *Phone*

Out-of-area Emergency Contact (in case of local disaster)

1. _____
Name/Relationship *Phone*

2. _____
Name/Relationship *Phone*

RELEASE AGREEMENT

- I release any claims on photos or videos taken of my child/ward while participating at any Marin Ballet event, performance, class, etc. and agree that Marin Ballet has permission to use these photos for its own promotional purposes. _____ (*initial*)

_____ _____
Parent or Guardian Signature *Date*

GRANDPARENT INFORMATION

Marin Ballet is interested in sharing information about performances and school events with the grandparents of our students. Please provide information below so that your child’s grandparents can receive selected school mailings. Marin Ballet does not share personal information with other organizations.

Grandparents’ Names _____ e-mail _____

Mailing Address _____
Street Address *City* *State* *Zip Code*

Grandparents’ Names _____ e-mail _____

Mailing Address _____
Street Address *City* *State* *Zip Code*



**MARIN
BALLET**

100 Elm Street, San Rafael, CA 94901
phone: 415-453-6705 fax: 415-453-5894
e-mail: info@marinballet.org web: www.marinballet.org

**BE SURE TO WATCH THE MAIL FOR YOUR
VOLUNTEER ASSOCIATION INFORMATION PACKET!**