



## Rocky Mountain Ballet Academy - Registration Check List, 2023-2024

STUDENT NAME \_\_\_\_\_

\_\_\_\_\_ 2023-2024 Student Registration Form

\_\_\_\_\_ Medical Release Form

\_\_\_\_\_ Copy of Health Insurance Card (both sides)

\_\_\_\_\_ Conduct Contract

\_\_\_\_\_ Photography/Videography Release Form

\_\_\_\_\_ \$35 Registration Fee (Preferred payment cash or check )

\_\_\_\_\_ First Installment Tuition Fee (Preferred payment cash or check)



## Rocky Mountain Ballet Academy - Registration Form, 2023-2024

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Academic School & District: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Parent's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent's Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent's Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current or most recent dance studio: \_\_\_\_\_

How many years of ballet training? \_\_\_\_\_ If on pointe, for how long? \_\_\_\_\_

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Level/Group Approved for: \_\_\_\_\_ Additional Class(es): \_\_\_\_\_ Sibling Discount? \_\_\_\_\_

Monthly fee: \_\_\_\_\_

**Please note: An annual studio student registration fee of \$35 is due with first installment payment/registration.**

Rocky Mountain Ballet Academy (RMBA) classes are open to all students meeting minimum age requirements. RMBA accepts students without regard to race, sex, religion or national origin. RMBA reserves the right to cancel or reschedule any classes not meeting minimum enrollment requirements. Students will be notified of any cancelled or rescheduled classes. Registered student (and family) agrees to abide by all RMBA policies, as set forth in the Student Handbook, available online at [www.rockymountainballetacademy.com](http://www.rockymountainballetacademy.com) RMBA assumes no responsibility for any accident or injury to the student in any RMBA class, function or event. Registered student also consents to the use of photographic or video graphic images for RMBA publicity purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Rocky Mountain Ballet Academy - Medical Release Form, 2023-2024

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

### EMERGENCY INFORMATION

Parent #1 Name: \_\_\_\_\_ Parent #2 Name: \_\_\_\_\_

Parent #1 Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Parent #2 Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Parent #1 E-mail: \_\_\_\_\_ Parent #2 E-mail: \_\_\_\_\_

In the event of an emergency, when parents cannot be reached, please contact:

Full Name: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

### INSURANCE INFORMATION

PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD ONTO THIS PAGE

### PARENT/GUARDIAN'S APPROVAL AND MEDICAL RELEASE

In consideration of the participation of the student named in this Medical Release Form, I personally, as the participating student or the parent or guardian of such student, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive and release Rocky Mountain Ballet Academy, their officers, representative, successor, and/or assigns for any and all damages which may be sustained or suffered by me in connection with my association with the above program.



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Further, I grant Rocky Mountain Ballet Academy, its agents, and employees permission to authorize any emergency medical treatment that may be required for the named student during the time the student is enrolled. The named student has received a physical examination by a physician and has been found physically capable of participating in any activity associated with the program. I hereby give authorization to Rocky Mountain Ballet Academy to share any and all medical information and/or medical documents to treating medical authorities. It is understood that Rocky Mountain Ballet Academy will make every effort to contact me prior to the emergency treatment of my student, but that treatment by a licensed physician or medical staff person of a licensed emergency room will not be withheld if I cannot be reached.



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Rocky Mountain Ballet Academy - Conduct Contract, 2023-20234

### PARENTAL/GUARDIAN STATEMENT OF RESPONSIBILITY

I, as a parent or guardian of the student named on this form, have read the Rocky Mountain Ballet Academy Student and Parent Handbook, 2023-2024. I fully understand and have discussed with my child that he/she will be expected to conduct him/herself in a disciplined manner, should he/she become enrolled in RMBA. I accept full responsibility for the payment of student's tuition and fees. I grant RMBA permission to act on my behalf in safeguarding my son or daughter's health and safety. I understand that all tuition, enrollment, and fees paid to RMBA on behalf of my son or daughter are forfeited by the student if and when he/she is dismissed from RMBA. I also understand that RMBA is not responsible for lost or stolen items.

PARENT/GUARDIAN'S PRINTED NAME \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### STUDENT PLEDGE OF COOPERATION

I have read the Rocky Mountain Ballet Academy Student and Parent Handbook, 2023-2024 and fully understand that I will be expected to conduct myself in a disciplined manner while at RMBA. I agree to abide by all RMBA rules and policies. I understand that all violations of RMBA policies and rules governing it may be grounds for dismissal from RMBA's Program. I also understand that RMBA is not responsible for lost or stolen items.

STUDENT'S PRINTED NAME \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Rocky Mountain Ballet Academy - Photography/Videography Release Form,  
2023-2024**

**RMBA Student**\_\_\_\_\_

I grant Rocky Mountain Ballet Academy, its representatives and employees the right to photograph and to take video of my child and his/her property. I authorize Rocky Mountain Ballet Academy to copyright, use and publish the same in print and/or electronically.

I agree that Rocky Mountain Ballet Academy may use such photographs and/or videography of my child with or without his/her name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_  
Parent/Guardian printed name (if student is under age 18)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date