



The Academy of Ballet Fantastique

www.balletfantastique.org

60 E. 10th Ave., Eugene, OR 97401

(541) 342 - 4611

Artistic Director Donna Marisa Bontrager, Expert master teacher, Vaganova Method

Professional Training Division Registration Form 2009-2010

Registration form with fields for Dancer Name, DOB, Age, Mother's Name, Father's Name, Primary Street Address, Secondary Street Address, Email Address, Telephone Number, Emergency Contact Name, Relationship, Phone, Dancer's Current/Past Ballet Academy, and Number of Years on Pointe.

*Please indicate student's ethnicity:

- Alaska Native/American Indian, Black/African American, Hispanic, Other (Indicate Below), Native Hawaiian/Pacific Islander, White/Caucasian, Asian

*Ballet Fantastique is an equal opportunity institution committed to cultural diversity. We do not discriminate on the basis of race, color, or national/ethnic origin. Though not required, your answer helps us in our non-profit record keeping.

Medical Conditions/History

Please indicate any medical conditions, known allergies, or previous injuries which are relevant or might affect student's participation in Ballet Fantastique programs. IF THERE ARE NO CONDITIONS, PLEASE INITIAL HERE:

How did you first find out about us? (please check one)

- From a family member or friend, Phone book, Saw a performance, Online search engine (Google, etc.), Ballet Fantastique website, Other:

Why did you first choose us or decide to come in for an audition class? (please check all that apply)

- Small class sizes, Performing opportunities, Instructors, Caliber of instruction, Location, Other, Price, Reputation

PLEASE CONTINUE TO THE NEXT PAGE!

Class Title (please check one) ••• limit 6 students/class ••• all classes by audition/invitation:

- Ballet Brilliante (Accelerated Beginning) Ballet Bravo (Intermediate)
 Ballet Concerto (Intermediate Advanced) Company Master Classes
 Audition/Placement Class **ONLY** (\$12)

Note: If you decide to enroll, the \$12 is added as credit to the balance of your first month's tuition—SO IT'S FREE! If you decide to enroll, you will be asked to indicate the class in which you are enrolling above, as well as completing the statement of intent on the bottom of this form. DATE YOU WOULD BE INTERESTED IN STARTING IN: SPRING SUMMER FALL WINTER

Escrip/Albertson's Community Partners

We ask all Ballet Fantastique families to join our other families, interns, and board members in enrolling in Escrip and/or Albertson's Community Partners. These programs are completely **free** and it takes only moments to enroll—but every time you shop at participating businesses like Eddie Bauer and Market of Choice, they make a donation to BFan for scholarships and performances! Both programs are completely secure and you may un-enroll at any time. Together, we sponsor one scholarship every month!
 ALREADY ENROLLED! SURE! CONTACT ME ABOUT SIGNING UP NO THANKS, NOT RIGHT NOW

Photo/Video Release

We occasionally use student photos in brochures, press releases, and on our website, or performance videos in promotional presentations. DO WE HAVE YOUR PERMISSION TO USE YOUR/YOUR CHILD'S PHOTO/LIKENESS? YES NO

Statement of Intent

Because we are a professional training school, we expect dedication and commitment from each of our students. Enrollment at Ballet Fantastique is for the term. WE COMMIT TO THE GUIDELINES FOR TRAINING AT BALLETT FANTASTIQUE FOR THE TERM OF:
 FALL TERM (SEPT-DEC) WINTER TERM (JAN-MARCH) SPRING TERM (APRIL-JUNE)

Tuition Statements

In an effort to reduce our environmental impact, Ballet Fantastique distributes tuition reminders/statements and important studio reminders by email each month (Progress Reports, Performance Information, and General Registration Info is always *also* mailed).
 EMAIL IS GREAT! SORRY, WE PREFER TO RECEIVE INFO ANOTHER WAY: _____

Liability Release

The undersigned releases Ballet Fantastique from any and all liability that may arise from participation of undersigned in said program. In the even that the participant is under the age of 18, the undersigned agrees to hold harmless Ballet Fantastique from any liability it may suffer through the participation of the student in said program. The undersigned hereby requests and permits any hospital emergency department physician, any other physician s/he may designate, and any hospital personnel to render to the participant any medical and/or surgical treatment s/he may require in my absence.

PARENT SIGNATURE (IF STUDENT IS UNDER 18), DATE _____

STUDENT SIGNATURE _____

Fee/Placement Class Fee Information

An non-refundable Registration Fee is required to register and must be paid on or before the student's enrollment with Ballet Fantastique. Registration Fee: \$20 for Rising Stars, \$30 for Ballet Brilliante, \$50 for Ballet Bravo and Ballet Concerto. Please check all that apply:

- PLACEMENT CLASS ONLY (\$12) ENCLOSED** (If you are visiting us for a placement class, welcome! Your \$12 placement class fee will be applied as a credit towards your balance due if/when you decide to register.)
 FULL TUITION PLUS REGISTRATION ENCLOSED: \$ _____
 REGISTRATION FEE ONLY ENCLOSED (We'll deduct your deposit and bill you for the balance.)
 I'D ALSO LIKE A BALLETT FANTASTIQUE JACKET (\$35) SIZE: _____ (If you pay for it now, please indicate so on the memo line of your check. Otherwise, we will add this amount to your balance.)
 I'D ALSO LIKE A BALLETT FANTASTIQUE BRACELET (\$12) (If you pay for it now, please indicate so on the memo line of your check. Otherwise, we will add this amount to your balance.)
 I'D LIKE TO SPONSOR A MONTHLY SCHOLARSHIP FOR A STUDENT IN NEED! (FULLY TAX-DEDUCTIBLE!). PLEASE ADD \$5 \$10 \$25 OTHER (\$____) TO MY MONTHLY BALANCE AND SEND A TAX RECEIPT.

TOTAL ENCLOSED: \$ _____

Office Use Only AUDITION: _____ REG FEE PD: _____ DATE: _____ REMAINDER DUE: _____ DATE: _____