



DONNA MARISA BONTRAGER, ARTISTIC DIRECTOR
60 E. 10th AVE., EUGENE, OREGON 97401 - 541.342.4611
www.balletfantastique.org

"Thank you for all you've done for Lili this year in ballet—you have excited and inspired her and made her first year in ballet something she loves! We adore you!" -Margie, parent of Lili, age 5

Children's Division Registration Form 2007-2008

Registration form fields: DANCER NAME, DOB, AGE, MOTHER'S NAME, FATHER'S NAME, STREET ADDRESS, CITY, STATE, ZIP, EMAIL ADDRESS, TELEPHONE NUMBER(S), EMERGENCY CONTACT NAME, RELATIONSHIP, & PHONE

*Please indicate student's ethnicity:

- Alaska Native/American Indian, Black/African American, Hispanic, Other, 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.

Medical Conditions/History

PLEASE INDICATE ANY MEDICAL CONDITIONS OR PREVIOUS INJURIES WHICH RELEVANT TO STUDENT'S PARTICIPATION IN BALLET FANTASTIQUE PROGRAMS:

Program selection options: Twinkling Stars (AGES 4-6, \$48/MONTH), Rising Stars (AGES 6-8, \$48/MONTH), Placement Class (\$12) UPON ENROLLMENT AT BALLET FANTASTIQUE, APPLIED TOWARD \$20 ANNUAL REGISTRATION FEE

How did you first find out about us? (please check all that apply)

- FROM A FAMILY MEMBER OR FRIEND, PHONE BOOK, SAW A PERFORMANCE, ONLINE SEARCH ENGINE (GOOGLE, ETC.), BALLET FANTASTIQUE WEBSITE, OTHER:

Why did you choose us? (please check all that apply)

- SMALL CLASS SIZES, PERFORMING OPPORTUNITIES, SOUNDED FUN, CALIBER OF INSTRUCTION, LOCATION, OTHER OPPORTUNITIES, PRICE, REPUTATION, FACULTY, ADVICE OF FRIENDS, OTHER:

over!

Photo Release

WE OCCASIONALLY USE CANDID PHOTOS OF OUR STUDENTS IN BROCHURES, PERFORMANCE PRESS RELEASES, AND ON OUR WEBSITE. DO WE HAVE YOUR PERMISSION TO USE YOUR CHILD'S PHOTO? ____ YES ____ NO

Liability Release

The undersigned releases Ballet Fantastique from any and all liability that may arise from participation of undersigned in said program or related performances, events, and field trips. 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, DATE

Registration Fee/Placement Class Fee Information

An annual non-refundable deposit of \$20 per Ballet Fantastique student (\$15/ student for families enrolling more than one student) is required to register and must be paid by the student's first day of classes in 2007-2008 with Ballet Fantastique. There may be additional costume and performance fees throughout the year for optional performance opportunities.

_____ **PLACEMENT CLASS ONLY (\$12)**

If you are visiting us for a placement class, welcome! Your \$12 placement class fee will be applied towards the Registration Fee if/ when you decide to register.

_____ \$20 REGISTRATION FEE ENCLOSED (\$15/STUDENT FOR FAMILIES ENROLLING MORE THAN ONE DANCER)



BALLET FANTASTIQUE IS AN EQUAL OPPORTUNITY INSTITUTION COMMITTED TO CULTURAL DIVERSITY.
A NON-PROFIT ORGANIZATION, WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, OR NATIONAL/ETHNIC ORIGIN.

For Office Use Only REG FEE. PD.: _____ DATE: _____ BALANCE DUE: _____ DATE PD.: _____