



# Summer Youth Intensive REGISTRATION FORM

Summer Youth Intensive 2022 ♦ c/o Tulsa Ballet ♦ 1901 W New Orleans St ♦ Broken Arrow, OK 74011

## STUDENT INFORMATION

Full Name

FIRST MIDDLE LAST

Goes by (as it should appear on nametag)

Sex  male  female

Age as of July 1, 2022

Date of Birth

Name of School & Grade for 2022/2023

T-Shirt Size

Mailing Address

City

State

Zip

Home Phone

Cell Phone

Email Address

## PARENT/GUARDIAN INFORMATION

PRIMARY

SECONDARY

Relationship to Student

Relationship to Student

Full Name

Full Name

Address (if different from above)

Address (if different from above)

Home Phone

Home Phone

Cell Phone

Cell Phone

Email Address

Email Address

## DANCE EXPERIENCE

Primary Dance Instructor(s)

Dance Studio

# REGISTRATION & PAYMENT

## TO REGISTER FOR THE YOUTH INTENSIVE:

Please complete all pages of this packet and return along with a copy of the child's insurance card and the \$100.00 non-refundable Registration Fee. Space in the Summer Youth Intensive 2022 is limited and will be filled on a first-come basis.

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## TUITION

Please indicate which session(s) your child will be attending:

- Session 1: July 5-9, 2022     Session 2: July 11-15, 2022

Tuition includes:

- Daily classes in dance, music, and art
- Daily lunch & snacks
- Art Supplies

Tuition for One Week Only = **\$400**

Tuition for Two Weeks (save \$50 per week) = **\$700**

## HOUSING

Please note: Tulsa Ballet does not offer housing for Youth Intensive participants.

## PAYMENT INFORMATION

\$ \_\_\_\_\_  
TUITION  
minus \$ \_\_\_\_\_  
REGISTRATION FEE  
- \_\_\_\_\_  
TOTAL AMOUNT DUE

Dancers may reserve their place in the Summer Youth Intensive 2022 by returning the registration package plus a \$100.00 non-refundable Registration Fee. This Registration Fee will be deducted from the total balance and invoices will be emailed to you prior to the payment deadline if checked below. 50% of total will be due MAY 15, 2022, and the remaining balance will be due JUNE 15, 2022. Late payments are subject to a \$25.00 Late Fee. Returned checks are subject to a \$25.00 fee. Tulsa Ballet accepts money order, check (made payable to "Tulsa Ballet") or credit card (VISA, MasterCard, Discover and American Express).

Please charge \$ \_\_\_\_\_ to my:     VISA     MasterCard     American Express     Discover

Card Number

Expiration Date

CVV

Billing Address

City

State

Zip

Name (as it appears on card)

Signature

Upon receipt of this credit card information, please do the following:

- Please charge the full amount of \$ \_\_\_\_\_ (includes \$100 registration fee).  
 Please charge \$100 registration now, and charge two equal payments on May 15 and June 15, for the remainder of balance due.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL INFORMATION

Student's Full Name

Date of Birth

FIRST

MIDDLE

LAST

Social Security #

Date of last tetanus shot

Name of personal physician

City

Phone

Health Insurance Carrier

Policy #

Phone

Name of insured

This child has NO long-term physical or mental health concerns and is capable of full participation in the Summer Youth Intensive.

This child has the following health concerns: (Check ALL that apply and provide supporting information for each checked item.)

*asthma*

\_\_\_\_\_

*diabetes*

\_\_\_\_\_

*heart trouble*

\_\_\_\_\_

*fainting spells*

\_\_\_\_\_

*digestive problems*

\_\_\_\_\_

*convulsions*

\_\_\_\_\_

*ADD or ADHD*

\_\_\_\_\_

*depression or anxiety*

\_\_\_\_\_

*eating disorders*

\_\_\_\_\_

*other (specify)*

\_\_\_\_\_

Allergies to any of the following:

*seasonal*

yes  no

*insect bites/stings*

yes  no

*medications*

yes  no

*foods*

yes  no

*other (describe)*

\_\_\_\_\_

**\*Describe and give dates for surgeries, illnesses or injuries that may impact your ability to participate (using additional pages if necessary):**

List all medication (both prescriptive and over-the-counter) that the student is taking and indicate which medications will need to be administered by Tulsa Ballet staff during the Youth Intensive.

*\*If the Tulsa Ballet staff have any concerns, they will contact the parent(s) for more information.*

## MEDICAL ACKNOWLEDGEMENT

I/we hereby certify that, unless otherwise indicated, the above-listed child is capable of full participation in all Summer Intensive classes and activities. Permission is hereby given for Tulsa Ballet staff and/or Summer Intensive chaperones to administer medication to my child as directed above. IN CASE OF EMERGENCY, I understand every effort will be made to contact me (or, if an adult, my spouse or next of kin). In the event such person cannot be reached, permission is hereby given to the physician selected by Tulsa Ballet and Summer Intensive to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult). I further agree to assume all financial obligations arising from such an emergency.

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name of Parent/Guardian (please print)

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

# EMERGENCY CONTACTS & TEMPORARY CUSTODIANS

In order to ensure the safety and well-being of all Summer Intensive participants and personnel, all students and visitors will be required to follow designated check-in/check-out procedures for the Tulsa Ballet facility. All students will be required to check-in upon arrival at the facility and must check-out before departure each day. To facilitate these security procedures, the custodial parent/guardian of each Summer Intensive participant must provide Tulsa Ballet with a list of emergency contacts and persons authorized to serve as temporary custodians.

**Emergency Contacts** are individuals *other than* the custodial parent/guardian who may be notified in the event of a medical emergency. Emergency Contacts may be asked to authorize necessary medical treatment for the child if the custodial parent cannot be reached.

**Temporary Custodians** are individuals *other than* the custodial parent/guardian who may check a participant out of Summer Intensive classes.

If another adult will be transporting your child to or from Summer Youth Intensive, he/she must be designated as a Temporary Custodian before your child will be allowed to leave with him/her. If relatives or friends wish to have access to your child during Summer Intensive, they must be designated as Temporary Custodians.

For each contact listed, please designate “Emergency Contact” and/or “Temporary Custodian” as applicable.

<b>1) Contact Name</b>	<b>Relationship</b>
<b>Day Phone</b>	<b>Evening Phone</b>
<b>Check ONE OR BOTH:</b>	I authorize the above-named person as an: <input type="radio"/> <b>emergency contact</b> and/or <input type="radio"/> <b>temporary custodian</b> for my child.
<b>2) Contact Name</b>	<b>Relationship</b>
<b>Day Phone</b>	<b>Evening Phone</b>
<b>Check ONE OR BOTH:</b>	I authorize the above-named person as an: <input type="radio"/> <b>emergency contact</b> and/or <input type="radio"/> <b>temporary custodian</b> for my child.
<b>3) Contact Name</b>	<b>Relationship</b>
<b>Day Phone</b>	<b>Evening Phone</b>
<b>Check ONE OR BOTH:</b>	I authorize the above-named person as an: <input type="radio"/> <b>emergency contact</b> and/or <input type="radio"/> <b>temporary custodian</b> for my child.
<b>4) Contact Name</b>	<b>Relationship</b>
<b>Day Phone</b>	<b>Evening Phone</b>
<b>Check ONE OR BOTH:</b>	I authorize the above-named person as an: <input type="radio"/> <b>emergency contact</b> and/or <input type="radio"/> <b>temporary custodian</b> for my child.
<b>5) Contact Name</b>	<b>Relationship</b>
<b>Day Phone</b>	<b>Evening Phone</b>
<b>Check ONE OR BOTH:</b>	I authorize the above-named person as an: <input type="radio"/> <b>emergency contact</b> and/or <input type="radio"/> <b>temporary custodian</b> for my child.

## PARENTAL AUTHORIZATION

I, parent/guardian of the following child, authorize the above-listed individual(s) to serve as Emergency Contact(s) and/or Temporary Custodian(s) as indicated. I agree that, in order to be valid, any alterations or additions to this list of contacts must be made in writing. I understand that those designated as Temporary Custodians have permission to remove my child from the Tulsa Ballet facility during Summer Intensive. I give Summer Intensive personnel permission to release my child to the custody of the designated individual(s) and acknowledge that neither Tulsa Ballet Theatre, Inc., nor Summer Intensive bear any responsibility for my child's safety and/or well-being while in the care of the authorized custodian. I understand that Summer Intensive personnel will not release my child to the custody of any individual not listed as a Temporary Custodian.

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Date

# RELEASES & ACKNOWLEDGEMENTS

## Artistic Discretion Acknowledgment

I/we understand that all Summer Intensive Faculty and Tulsa Ballet Artistic Staff are professionals with extensive experience in the field of dance. I/we understand and agree that all decisions regarding placement, and other artistic concerns are made with my child's safety and development as a dancer as the primary concerns. I/we understand and agree that these decisions are solely at the discretion of the Artistic Staff and that I/we will abide by their decisions at all times. In the event that I/we cannot abide by their decisions regarding these matters, I/we agree to withdraw from participation in Summer Intensive without refund.

## Liability Release

I/we recognize and understand the risks of physical injury inherent in dance and dance training, and I/we am willing to assume those risks. I/we agree that I/we will not hold Tulsa Ballet Theatre, Inc., Summer Intensive, or any faculty member, employee, or volunteer liable for injuries sustained or illnesses contracted by the participant while in attendance and/or participating in Summer Intensive. I/we agree to indemnify Tulsa Ballet Theatre, Inc., Summer Intensive and all employees and volunteers of both, for all liabilities, costs, and judgments arising from acts or omissions committed by me/my child which result in injury or damage to any person or party. I/we understand that the student may be physically touched in the course of dance training and dance instruction. I/we will not hold Tulsa Ballet Theatre, Inc., or Summer Intensive liable for physical touching which is incidental to and in the course of dance training and dance instruction. I/we understand that it is the participant's responsibility to safeguard personal property, and it is not the responsibility of Tulsa Ballet Theatre, Inc., or Summer Intensive. I/we agree not to hold Tulsa Ballet Theatre, Inc., or Summer Intensive responsible for the loss or damage of personal property while in attendance and/or participating in Summer Intensive.

## Media Release/Media Policy

In the event Tulsa Ballet Theatre, Inc., and Summer Intensive records the student's participation on film, still photography, audio and/or videotape for presentation in publicity, printed material and by the news media in any part or all the programs in which the student participates, I consent to the use by Tulsa Ballet Theatre, Inc., and Summer Intensive without limit to time or number of showings. It is understood that no financial remuneration will be forthcoming as a result of the use of such materials. I/we also recognize and understand that if I/we are allowed to take any photos, video footage, or recording of any kind during any class/rehearsal/performance, that this is for personal use only and is not to be shared with any media outlets or via any form of social media.

## Policies & Conduct Code

In order to ensure maximum benefits for all participants, we require all participants to adhere to the following Policies and Conduct Code.

1. Participants are expected to show respect and consideration for the personal and property rights of others and have an understanding of the need for cooperation with all Summer Intensive participants, faculty, staff, chaperones and volunteers. Any behavior that compromises the good name of Tulsa Ballet is unacceptable.
2. Older students are expected to be positive role models for younger students.
3. During workshop hours, participants are expected to stay inside the Tulsa Ballet building at all times.
4. Permission to leave the building by participants requires a signed waiver from the parent or guardian.
5. Prompt attendance at classes is expected.
6. Appropriate and tasteful attire is expected at all times.
7. Tulsa Ballet is a non-smoking facility. Use of tobacco, alcohol, and/or drugs on Tulsa Ballet property is grounds for dismissal from Summer Intensive. Weapons and incendiary devices are not permitted on Tulsa Ballet property. Defacement of Tulsa Ballet property is not permitted.
8. Violations of the Policies & Conduct Code are grounds for dismissal. If students are dismissed from Summer Intensive for any of the reasons listed above, no refunds will be made.

**I/we have read and understood the above Artistic Discretion Acknowledgement, Liability Release, Media Release, and Policies & Conduct Code and agree to their stipulations.**

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (please print)

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

\_\_\_\_\_  
Date

Return this form, with the \$100.00  
non-refundable Registration Fee to:  
**Summer Youth Intensive**  
**c/o Tulsa Ballet**  
**1901 W New Orleans St**  
**Broken Arrow, OK 74011**

# DIETARY INFORMATION

Lunches and snacks are included in the costs of the Summer Youth Intensive. Tulsa Ballet works with a registered dietitian, Mallory Shannon, to ensure that all lunches and snacks are nutritious and meet the dietary needs of growing students. Each student attending the Summer Youth Intensive will need to complete this form and return it with the registration package.

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

**Week(s) Attending:**  Session 1: July 11-15, 2022  Session 2: July 18-22, 2022

**Please list all foods that are restricted due to allergies:** \_\_\_\_\_

\_\_\_\_\_

**Please indicate any additional dietary restrictions below:**

- Vegetarian Diet
- Vegan Diet
- Gluten Free Diet
- Kosher Diet

**Additional Dietary notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**