



School of Missouri Contemporary Ballet Junior Summer Intensive 2019 Registration Form

Student's Name	M/F	DOB	Phone
Home Address	City/State/Zip		Email
Mother's Name	Cell/Work Phone	Email	
Father's Name	Cell/Work Phone	Email	
Emergency Contact	Cell/Work Phone	Relation to Student	
Allergies/Medical Conditions			

To reserve a spot in the intensive, registration form must be accompanied by the \$100 (nonrefundable) deposit (credited toward tuition), a signed *Agreement to Policies & Procedures*, and a signed *Medical Release and Authorization*.

- I will be attending the Junior Summer Intensive July 8-12, 2019. Full program tuition of \$200 must be postmarked by July 1st, 2019 or I will jeopardize my place in the program.

- I would like to be matched with host-family housing. I understand host families are limited and students will be matched on a first come, first serve basis.



School of Missouri Contemporary Ballet Medical Release & Authorization Form

Date: _____

Release/authorization by
_(parent/guardian)

for _____ (student).

I am aware that dancing, and the exercises associated with it, place unusual stresses on the body, and carry with them the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that the School of Missouri Contemporary Ballet shall not be liable in any way for injuries sustained during the attendance at the School of Missouri Contemporary Ballet or any of its related functions.

I grant, my child, or ward, the permission to participate in the School of Missouri Contemporary Ballet semester. I hereby release and discharge the Missouri Contemporary Ballet, the School of Missouri Contemporary Ballet, its agents, employees, and officers from all claims, demands, actions, judgments, and executions which the undersigned's heirs, executors, administrators or assigns may have, or claim to have against the Missouri Contemporary Ballet, the School of Missouri Contemporary Ballet, its successors, or assigns, for all personal injuries caused by, or arising from, the above described activities, or any activities related thereto.

Further, I grant Missouri Contemporary Ballet, the School of Missouri Contemporary Ballet, its agents and employees, permission to authorize any emergency medical treatment that may be required for my child, or ward, during the school semester.

My medical insurance is offered through:

Insurance Company

Policy Number

Coverage Dates

School of Missouri Contemporary Ballet
110 Orr Street | Suites 102 & 106
Columbia | Missouri | 65201

School@missouricontemporaryballet.com | www.missouricontemporaryballet.com
573.825.0095



School of Missouri Contemporary Ballet Policies and Procedures Agreement

As a representative of the School of Missouri Contemporary Ballet, I have read, understand, and agree to abide by the behavioral policies of the School of Missouri Contemporary Ballet.

Signature of Student

Date

As the parent/guardian I have read, understand, and agree to abide by the policies and procedures of the School of Missouri Contemporary Ballet.

Signature of Parent/Guardian

Date

Photo Release Form

I hereby give permission for the Missouri Contemporary Ballet and/or the School of Missouri Contemporary Ballet to use photographs/videos of my likeness in Missouri Contemporary Ballet and/or School of Missouri Contemporary Ballet sponsored publications and for promotional purposes.

Signature of Parent/Guardian (if student is a minor) or Student over 18

Date