



Student's Name _____ DOB ___/___/___ Age ___ Gender _____
Address _____ Phone _____
City _____ State _____ Zip _____ Student E-mail _____

Parent/Guardian(s) _____ Billing Address (if different than above) _____ City _____ State _____ Zip _____

Home Phone _____ Primary Email _____
Cell Phone _____ Alternate Email _____

How did you hear about ISB? _____
Emergency Contact (other than parents) _____
Relationship _____ Home Phone _____
Work Phone _____ Cell Phone _____
Academic School Student Attends _____ Grade _____
Name(s) of Previous Dance School(s) _____
Number of Years: Ballet _____ Pointe _____ Modern _____ Jazz _____ Tap _____

Refund Policy

Tuition and fees are non-refundable except in the case of serious illness or injury as verified by a doctor's certificate.

Liability Release

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is the possibility of physical injury. I agree, therefore, to assume all risks of any such injury to myself, (or my minor child), which might occur during any and all Indianapolis School of Ballet (ISB) and/or Indianapolis Ballet (IB) classes, rehearsals, or performances. I exempt, release and indemnify the Indianapolis Ballet, Inc., its members, agents, employees, guest artists and faculty members from any and all liability claims, demands or causes of action whatsoever from any damage, loss or injury to me (or my minor child) or my (or my minor child's) personal property which may arise out of or in connection with participation in any classes or activities conducted by the ISB/IB, whether such loss, damage or injury results from the negligence, passive or active, of ISB/IB, its members, agents, employees, guest artists or faculty members or from some other cause.

Publicity Release

I hereby grant Indianapolis School of Ballet and Indianapolis Ballet the right to use the name, voice, likeness, statements, actions and biographical data of the undersigned in all forms, all media and in all manners, for the purpose of publicity, advertising and other lawful promotions. The undersigned hereby waives any right to inspect or approve the finished versions before any such use.
I have read, understand, and agree to the Refund Policy, Liability Release and Publicity Release.

Signature _____ Date _____

(Form must be signed by parent or guardian to register if student is under 18 years of age.)