

Class Assignment: \_\_\_\_\_

Number of Classes / Week: \_\_\_\_\_

NORTH STAR BALLET SCHOOL AND/OR  
NORTH STAR BALLET COMPANY  
REGISTRATION FORM

Name of Participant:

\_\_\_\_\_

Birth Date:

Age:

Male / Female:

\_\_\_\_\_

Parent / Guardian Names:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

City, State and Zip Code:

\_\_\_\_\_

Home Phone:

Work Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Emergency Contact Name:

\_\_\_\_\_

Emergency Contact Address and Phone:

\_\_\_\_\_

Participant's Current Grade in School:

\_\_\_\_\_

NORTH STAR BALLET SCHOOL AND NORTH STAR BALLET COMPANY STUDENT AGREEMENT

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

North Star Dance Foundation is a non-profit, non-commercial enterprise that has taken reasonable precautions to provide a safe dancing environment. However, as with any physical activity, injury is a possibility and a concern. Therefore, the legal aged participant or the parents or legal guardians of a minor participant must understand and agree that they assume the risk of injury when they, their son, daughter, or minor in their care participate in North Star Dance Foundation activities. The participant or participant's parents or guardians specifically agree to release the North Star Dance Foundation for any liability arising from any injury or loss to the participant. Furthermore, the participant and the participant's parents or guardians agree to hold the North Star Dance Foundation harmless from any claims arising from the participant's participation in North Star Dance Foundation activities.

MEDICAL CONSENT AND INSURANCE INFORMATION

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named participant, by a physician, nurse, certified athletic trainer, physical therapist, and/or other medical staff under the supervision of a physician and/or hospital during all periods of time in which the participant is engaged in an activity sponsored by the North Star Dance Foundation. Further, I hereby waive, on behalf of myself and the above named participant, any liability of the North Star Dance Foundation, their Board of Directors, agents or employees arising out of the participant's illness, injury or medical treatment thereof.

While I expect the North Star Dance Foundation to exercise responsible precautions to avoid injury and illness, I understand that they assume no financial obligation for any injury or illness that may occur during sponsored activities or travel related to those activities. I, as a legal aged participant, or parent guardian of a non-legal aged participant, assume that responsibility.

INSURANCE INFORMATION

Name in which the policy is issued: \_\_\_\_\_

Policy holder social security number: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Employer: \_\_\_\_\_

Policy number: \_\_\_\_\_

RELEASE AND AUTHORIZATION FOR USE OF VIDEOTAPE RECORDINGS AND STILL PHOTOGRAPHS

The North Star Dance Foundation, North Star Ballet School and North Star Ballet are hereby authorized to use any videotape recordings, photographs, or other likenesses or reproductions of the participant made during any school class, activity, rehearsal, or performance, including but not limited to, The Nutcracker and The Spring Gala.

It is understood that the videotape recordings, photographs and/or other likenesses or reproductions may be used to promote and advertise the activities and productions of the North Star Dance Foundation. Also, these materials may be used for entertainment, informational, instructional or archival purposes. Finally, these materials may be made available for sale to the general public of the North Star Dance Foundation.

It is understood that the participant will receive no compensation and that the participant has no claim for compensation for participation in any videotaping, photographing or the creation of other likeness or reproduction of the participant.

PARENT/GUARDIAN AND PARTICIPANT AWARENESS, VERIFICATION,  
PERMISSION AND RELEASE FORM

By signing this document, the legal aged participant or the parent or guardian of the participant understands and acknowledges that organized dance instruction, rehearsal or performance involve the potential for injury and illness. The legal aged participant or the parent or guardian of the minor participant understands and acknowledges that, even with the use of the best shoes and floor surfaces, and even with strict adherence to proper technique and strict observance of rules and policies, injuries and illness are still possibilities. On rare occasions, injuries and illness can result in partial or total disability, paralysis, or even death.

By signing this document, the parents or legal guardians of the minor age participant, or the aged participant certify that they have read this document and that they understand it, that have inspected or have had the opportunity to inspect the premises to be used for the ballet and performances, that they have had an opportunity to inquire regarding the qualifications and background of the dance instructors and other agents of the North Star Dance Foundation, and that they have had all questions and concerns answered to their satisfaction.

In consideration of the acceptance and participation of tile applicant in such program, the undersigned applicant and his or her parents or guardians, to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify all members, officers, directors, committee members and employees of the North Star Dance Foundation from all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any such persons or entities, which may be suffered or claimed by such applicant, parent or guardian during, or as a result of the participation by the applicant.

#### AGREEMENTS, CERTIFICATIONS AND SIGNATURES

Having read and understood the terms and conditions of this agreement, the undersigned do hereby agree to abide by these terms and conditions:

##### Participant's Agreement

I will abide by the all of the terms of this agreement.

Signed \_\_\_\_\_ (participant)

Date \_\_\_\_\_

##### Parent's or Guardian's Agreement for participant under age 19 years.

We will abide by all of the terms of this agreement.

Signed \_\_\_\_\_ (parent/guardian)

Date \_\_\_\_\_

Signed \_\_\_\_\_ (parent/guardian)

Date \_\_\_\_\_

MEDICAL HISTORY

Please mark whether participant has had any problems in these areas:

Y N

Concussion or loss of consciousness DD Shoulder injury

Groin, thigh or leg injury

Neck injury

Arm, elbow or hand injury

Ankle or foot injury

Back injury or chronic pain

Knee injury or popping

Swelling, pain, locking or giving way of joint

Have any family members suffered heart attack or sudden death prior to age 40?

Have you ever had chest pain or loss of consciousness while exercising?

Do you have coughing, wheezing, or severe shortness of breath while exercising?

Are you taking any medications regularly?

Do you have any allergies? If so, please list: \_\_\_\_\_

Do you have any ear problems or difficulty hearing?

Do you wear glasses or contact lenses?

Have you had any discomfort in your groin, or hernia?

Have you had any illness or injury that required hospitalization, surgery or repeated doctor visits?

Recognizing that advanced dance requires sustained exertion and excellent physical condition, do you have any conditions which might place you or the other dancers at any risk? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

PHYSICAL EXAMINATION

The North Star Dance Foundation Board of Directors and physician consultants strongly recommend that each dance student have a careful annual physical examination. The following legal release may be completed if the parent, guardian, or legal aged participant chooses not to have a physician complete the physical examination form.

I certify that I am, or in the case of a non-legal aged participant, that my child or the child for which I am guardian, is physically able to participate in the activities of the North Star Dance Foundation, North Star Ballet School and North Star Ballet Company, and, by my signature below, I hereby state that a physical exam by a physician is not necessary for my participation or the participation of my child or guardian child in the activities of the North Star Dance Foundation, North Star Ballet School and North Star Ballet Company.

Parent or Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date \_\_\_\_\_