

Iowa Ballet Academy

Parent 1 NAME: _____ Cell Phone: _____ Home Phone: _____
Address: _____ Work Phone: _____
Street City Zip

Parent 2 NAME: _____ Cell Phone: _____ Home Phone: _____
Address: _____ Work Phone: _____
Street City Zip

*****Please provide a current email address. This is our primary form of communication and billing, so please check it frequently:**

Parent/Guardian Email: 1. _____ 2. _____

If we are not able to reach you, who would you like us to contact in case of an emergency?

Emergency Name: _____ Relationship to student: _____

Emergency Phone: (Cell) _____ (Home) _____ (Work) _____

Medical Info (allergies, conditions, etc) _____

I, _____, self/parent/legal guardian of _____ ("my child(ren)" or "self"), do hereby give permission for my child to participate in all activities with Iowa Ballet Academy (IBA), and agree that we will comply with IBA's rules, policies and procedures, as they exist. I understand that instructors will give hands-on corrections to ensure safety, proper body placement and alignment. I assume any and all liability arising out of any injuries sustained by my child while participating in all studio related activities. I agree to hold harmless IBA and its owner, director, employees and guest instructors, from and against any and all liability if my child should become injured while participating in an activity with IBA. If an injury does occur, I give permission for emergency medical treatment to be given by the providers chosen by IBA if I cannot be contacted within reasonable effort. By execution hereof, I do further bind myself, my child, and our respective heirs, executors, administrators, successors and assigns. Executed this _____ day of _____, 20____. **I understand that Iowa Ballet Academy's tuition, concert, costumes and other fees must be paid upon stated due dates. ***Please note that we WILL be assessing late fees** Late payment processing fees will be assessed on the 15th of the month. All fees, including tuition, private lessons, concert and costume payments are non-refundable.**

By signing this form, I consent for my child's image to be used by the studio for marketing purposes in print and online/social media.

Signature of Parent/Legal Guardian OR Adult Age Student

How were you referred to Iowa Ballet Academy? ___ Phone book ___ Advertisement ___ Website ___ Personal recommendation made by: _____

Student #1 – Name: _____ Age: _____ Birthdate: _____ Grade: _____ School: _____

Student email, if applicable: _____ Student cell phone, if applicable: _____

Classes:	Day	Time	Fees
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Student #2 - Name: _____ Age: _____ Birthdate: _____ Grade: _____ School: _____

Student email, if applicable: _____ Student cell phone, if applicable: _____

Classes:	Day	Time	Fees
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please use the back of this form if you need additional space for listing class selections for each of your students. If you do need to utilize the back, please be sure to notate the correct student's name and personal info along with their additional class names/days/times. If you are registering more than 2 students in *your own family*, please ask for another form. Thank you!