

Student Information

Name _____ Age _____ Date of Birth _____ Female Male

Address _____ Home Phone _____ Cell Phone _____

City/State/Zip _____ Email _____

Weeks attending: 6/21-6/27 6/28-7/3 7/5-7/10 7/12-7/17 7/19-7/24 7/26-7/31

Will you have your own transportation? None Bike Car/Truck

Make/Model/Year/Color _____

Parent/Guardian #1 Information

Check if address is same as student

Name _____ Relationship to Student _____

Address* _____ Home Phone _____ Cell Phone _____

City/State/Zip* _____ Work Phone _____ Email _____

Parent/Guardian #2 Information

Check if address is same as student

Name _____ Relationship to Student _____

Address* _____ Home Phone _____ Cell Phone _____

City/State/Zip* _____ Work Phone _____ Email _____

Emergency Contact Information – The person listed will be contacted if we cannot reach a parent or guardian during an emergency.

Name _____ Relationship to Student _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Medical History

Do you have any allergies, ailments or disabilities that would affect your summer living arrangements? If yes, please explain.

Do you have any special dietary needs? If yes, please explain.

Please list all medications and dosage information. Please attach an additional sheet if necessary.

1. Medication Name _____ Dosage _____ per _____

How long have you been taking this medication? _____

2. Medication Name _____ Dosage _____ per _____

How long have you been taking this medication? _____

3. Medication Name _____ Dosage _____ per _____

How long have you been taking this medication? _____

Ballet Nouveau Colorado is not responsible for the administration of any medication. Students are responsible for the care and administration of their own medications. All medications must be in original containers and marked with student's name. Prescription medication must include original label displaying dosage information as well as names of student, doctor and medication.

There are no medical personnel on site at BNC or at the housing facilities. In the event of a life-threatening emergency, 911 will be called. Students and their families are responsible for any ambulance and other fees in the event of a 911 call or other medical attention determined necessary by BNC staff.

Terms & Conditions – Please initial each line.

- _____ Students are aware that check-in begins at 9:00am on the Sunday before they begin their Summer Intensive and that check-out is no later than 12:00pm on the Saturday after they complete their Summer Intensive, with the exception of the final week of the program. Check-out for the final weekend is no later than 12:00pm on Sunday, August 1, 2010.
- _____ Students are responsible for the upkeep and cleanliness of the facilities. Students are responsible for their own laundry (facilities on site).
- _____ Students agree to be respectful of other roommates and their belongings.
- _____ The School of Ballet Nouveau Colorado assumes no responsibility for injury to person, theft, destruction or loss of monies, valuables or other personal properties belonging to or being in the custody of the students from any cause whatsoever, whether such losses occur in the student's room, storage rooms, studios, or public areas.
- _____ Students and their families are responsible for any ambulance and other fees in the event of a 911 call or other medical attention determined necessary by BNC staff.
- _____ Students understand that a credit card will be charged for any damages incurred by the student. Damages will be assessed before check-out. Students understand that a credit card **MUST** be kept on file for this reason.
- _____ Housing visits are limited to family members, BNC staff and BNC students. No overnight visits, and visits may be limited by BNC staff.
- _____ 3 meals a day will be provided. Students are responsible for any meals outside of the planned/prepared meals.
- _____ Students understand that additional activities outside of BNC classes may have additional cost, which are the responsibility of the student.
- _____ Smoking and alcohol use are strictly prohibited within the facilities. Minors are strictly prohibited from any tobacco and alcohol use. Illegal drug use or any underage tobacco and alcohol consumption are grounds for dismissal.
- _____ Students must comply with local curfew laws. BNC may set additional curfews at any time.
- _____ Students under the age of 18 are not permitted to ride in private vehicles without prior permission given to BNC by the parents/guardians, except in emergency situations.

Credit Card Information – REQUIRED – All credit card information will be kept confidential.

Visa Credit Card Number _____

MasterCard Expiration Date _____ CCV Security Code (3 digits found on the back of the card) _____

Name as appears on card _____

Billing Address _____

Cardholder's Signature _____ Date _____

Student Insurance Information – Students are required to provide a photocopy of their insurance cards. Please attach a copy of the front and back of your insurance cards.

Copy Attached Do Not Have Insurance

I certify that the information in this application is complete and correct to the best of my knowledge. I also certify that I have read and understood the terms and conditions stated in the application and agree to abide by those terms and conditions while participating in Ballet Nouveau Colorado's Summer Intensive Program. I also understand that all fees must be paid upon submission of this application. All payments are non-refundable. Housing assignments are made without regard to race, color, sexual orientation, creed, physical disability or national origin. I understand and agree that there is a possibility of injury in participating in dance classes, rehearsals, performances, related or outside activities, and I agree that I will not hold BNC or any BNC faculty member, employee, board member or guest artist liable for any injury sustained or illnesses contracted while I/my child am/is a student at BNC. I exempt, release and indemnify BNC and its agents from any and all liability claims, demands, or causes of action whatsoever from any damage, loss or injury to the student, parent/guardian, family member or personal property which may arise out of or in connection with participation in any BNC activities.

_____ Student Signature Date Parent/Guardian Signature Date



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