

# Student Application

**Open Division** (Ages 3-13)       **Professional Division** (Ages 8+, Audition Required)       **Summer Intensive**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Previous Dance Studio \_\_\_\_\_ Period of Study \_\_\_\_\_

Student's Academic School \_\_\_\_\_ Grade Level \_\_\_\_\_

Ballet San Jose School is proud to be recognized as a school of diversity. Please indicate ethnicity:

American Indian     Asian     Pacific Islander     Black/African American     Hispanic     White     Decline to Specify

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_ Employer \_\_\_\_\_

## Contact in Case of Emergency

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

## Insurance Information (For Use in Case of Medical Emergency)

Insurance Company \_\_\_\_\_ Policy Holder Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Coverage Dates \_\_\_\_\_ Policy Holder's S.S.N. \_\_\_\_\_

## Medical History

Known Allergies (Medications, etc.) \_\_\_\_\_

Pre-Existing Conditions \_\_\_\_\_ Medications Being Taken \_\_\_\_\_

## Agreement and Release

As an adult student or a parent/guardian of a student, I understand that Ballet San Jose School (BSJS) cannot be responsible for any injuries or damage suffered by my child during his/her participation in the Program. With this knowledge, I consent to my child's participation in the Program. I further consent to my child's participation in field trips and any other activity in connection with this program. I agree that neither my child nor I, as a parent/guardian, will institute any legal action or assert any claim against BSJS for any injury or damage experienced by the student. As a parent/guardian, I am in full understanding of, and will comply with, tuition payment/refund policies as set forth by BSJS. All students of BSJS are expected to conform to the School's policies, and conduct themselves in a disciplined, responsible and courteous manner at all times. I understand that BSJS reserves the right to suspend or dismiss any student whose attitude, attendance or conduct is found to be unsatisfactory. I consent to the reproduction and/or use of photographs, videotapes and film or audio recordings of myself or my child/charge for advertising or promotional purposes by Ballet San Jose or BSJS. In an emergency situation, if I cannot be reached, I also hereby grant permission for a staff member of BSJS to seek professional emergency medical treatment for my child. If, in the judgement of a qualified medical doctor or other personnel of an emergency treatment facility, medical assistance or treatment is required, this will authorize such assistance or treatment.

Signature of Adult Student or Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_