

THEATRE VENTURES INTERNATIONAL

BALLET SCHOOL and PRODUCTIONS

STUDENT APPLICATION 2014

FALL INTO STEP: August 18 – December 20

\$50.00 Fall Registration fee.

Full year Registration fee: \$75.00 and receive 10% discount for the entire year.

All information MUST be provided below; if some information is not applicable, please enter "n/a" into the Form.

PLEASE BRING THIS APPLICATION FORM TO THE TVI STUDIOS FOR ADMISSIONS, SCHOLARSHIP REQUESTS AND REGISTRATION.

Confirmation of Waiting List status is given once application is received.

All Classes and Schedules Subject to Change.

Monday

LEVEL 2 / 3 (ages 7 – 10)

6:00 – 7:00, Technique

LEVEL 4* (ages 10 and up)

7:00 – 8:30, Technique

and Pointe

Wednesday

LEVEL 3

6:00 – 7:00, Technique

LEVEL 4*

7:00 – 8:30, Technique

and Pointe

Thursday

TEEN ADULT/ BEGINNER

6:30 – 8:00

Friday

LEVEL 3

4:30 – 5:30, Technique

LEVEL 4*

5:30 – 7:00, Technique

7:00 – 8:00 Pointe

Saturday

LEVEL 1 (ages 4 – 6)

10:00 – 11:00, Technique

LEVEL 2 / 3 (ages 7 – 10)

11:00 – 12:00

LEVEL 4*

12:00 – 1:30 Technique

and Pointe

***Must have 2 yrs. Intermediate to Advanced training**

All classes subject to change pending enrollment

TUITION RATES (Non-refundable):

1 hr. class \$15.00 • 1 ½ hr. class \$22.50 • DROP-IN RATE (Unregistered Students) 1 hr. class \$20.00 • 1 ½ hr. class \$30.00

Last Name _____ First Name _____ Age _____ Date of Birth _____

Previous Dance Studio _____ Period of Study _____

Street Address _____ City _____ State _____ Zip Code _____

Mobile Phone _____ Home Phone _____ Work Phone _____

Parent's Employer _____ Name of parents / guardians _____

and (Relationships) _____ Email Address _____

Name of Academic School student _____ Grade Level _____

CONTACT IN CASE OF EMERGENCY

Name _____ Relationship to student _____

Daytime Phone _____ Evening Phone _____ Name of Physician _____

Physician Telephone Number _____

INSURANCE INFORMATION (For use in case of a medical emergency)

Name of Insurance Company _____ Policy number _____ Coverage dates _____

Name of policyholder _____

MEDICAL HISTORY

Known allergies [medications, etc.] and/or pre-existing conditions _____ Medications being taken _____

AGREEMENT AND RELEASE

As an adult student or a parent/guardian of a student, I understand that Theatre Ventures International (TVI) cannot be responsible for any injuries or damage suffered by my child during his/her participation in the 2013 term. 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 TVI School for any injury or damage experienced by the student during the Semester(s), which extend as outlined above. As a parent/guardian, I am in full understanding of, and will comply with, tuition payment/refund policies as set forth by TVI Ballet School. I understand that I/my child is subject to dismissal from the school, or may be refused class if tuition is not paid as set forth by TVI. I also understand that this is an application for intention of enrollment, and does not constitute a legal contract.

All students/parents/guardians involved with TVI School 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 TVI School reserves the right to suspend or dismiss any student whose attitude, attendance or conduct does not conform to TVI's standards and policies. 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 TVI or TVI School. In an emergency situation, if I cannot be reached, I also hereby grant permission for a staff member of TVI School to seek professional emergency medical treatment for my child. If, in the judgment of a qualified medical doctor or other personnel of an emergency treatment facility, medical assistance or treatment is required during the Semester(s), this will authorize such assistance or treatment.

NOTICE OF NONDISCRIMINATION: Theatre Ventures International SCHOOL admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Signature of Parent with Legal Custody/Legal Guardian/Adult Student _____ Date _____

Theatre Ventures BALLET SCHOOL, 6148 Bollinger Road, San Jose, CA 95129

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