

## Student Contact Information 2017-18

Student Name: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Name of child's school: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parents' names: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary email address: \_\_\_\_\_

Address (if different than child): \_\_\_\_\_

### **In the event the parent/guardian cannot be reached please provide alternate emergency contact information.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please provide any helpful information that you would like us to have in the event of an emergency such as allergies, medications, preferred hospital, insurance information, etc.

***Emergency contact information and liability release required at first class.***

Schrader Youth Ballet Company  
601 Market St.  
PO Box 292  
Parkersburg, WV 26102

**Student Name:** \_\_\_\_\_

**Liability Release**

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that the School of the Schrader Youth Ballet (SYB), the dance faculty, The Schrader Youth Ballet Company (SYBC) and all associated volunteers, affiliated arts partners, Board of Director Members/Officers and guest artists (instructors and performers) shall not be liable in any way for injuries, damages, or losses sustained during attendance at the SYB ballet school or SYBC events or any of its related functions including but not limited to classes and performances held at the 601 Market Street dance studio and outside venues (including and not limited to The Parkersburg Art Center, The Actors Guild, The Smoot Theatre, and West Virginia University at Parkersburg). This also includes injuries sustained during transportation to and from these activities. I further understand that good dance training involves touching and adjustment of the student's body by the instructor.

\_\_\_\_\_ Please initial

**Publicity Release**

I hereby authorize the SYB School and/or the SYBC to record the student's picture and voice on photographs, films, and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio or television broad cast programs. I also give my permission for the SYB School and the SYBC to use and license others to use these materials in any manner or media whatsoever. The SYB School and the SYBC is permitted to use these materials for publicity, advertising, and sales promotion and to use the student's name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation were made by the SYB School or by the SYBC for such use.

\_\_\_\_\_ Please initial

**Medical Release**

In the event I cannot be reached I hereby give my permission to the management, faculty, staff and chaperones of the SYB school or the SYBC to authorize any emergency medical care that may be required by the above student during participation in classes, performances, or any related SYB School or SYB Company events. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

\_\_\_\_\_ Please initial

**I have read, understand, and agree to the Liability Release, Publicity Release and Medical Release which remains in effect until the student is no longer enrolled at SYB school or participating in classes or activities sponsored by SYBC.**

Signature of Legal Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Print name of Legal Parent/Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

**SYB – The School of the Schrader Youth Ballet**

**SYBC – The Schrader Youth Ballet Company**