

Application for Enrollment 2009-2010



Classical Ballet Training with a New Approach

Please fill in completely and mail your completed form along with payment to:
 OYT Studios / P.O. Box 238 / Oregon City, OR 97045
 Questions? Call 503-957-3888 / Email info@oytstudios.com

Date	<input type="checkbox"/> New Student	<input type="checkbox"/> Returning Student
Student's Full Name		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Mailing/Billing Address:		
City/State/Zip:		
Daytime Phone #:	Email Address:	
Mother/Guardian:	Place of Employment:	
Mother Work Phone #:	Mother Cell Phone #:	
Father:	Place of Employment:	
Father Work Phone #:	Father Cell Phone #:	
Student's Age as of Sept. 1, 2009:	Date of Birth:	
School Presently Attending:	Years of Ballet:	

EMERGENCY INFORMATION — Name and number of friend or family member not listed above who we can contact if needed:	
NAME:	TELEPHONE:
NAME:	TELEPHONE:

CONFIDENTIAL. PLEASE ANSWER THE FOLLOWING (IF STUDENT IS UNDER AGE 18)

Student lives with: Both parents Mother Father Other _____

Is there anything special we need to know about the student? _____

Medical and Medication _____

How did you hear about OYT Studios? _____

Are you interested in participating in OYT's Christmas Performance?	Y / N	Are you interested in participating in OYT's Spring Performance?	Y / N
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Class name you are registering for:

I understand and agree to the following: (initial each)

_____ 1. I agree to read the OYT Studios Handbook and agree to follow the policies therein.

_____ 2. By signing below, I hereby release OYT Studios and their agents or representatives of liability for my child (or myself) of any injury to my child (or myself) in class, while on studio premises, or while participating in OYT sponsored performances. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on the student's registration form. In the event next of kin cannot be contacted for the health and well being of my child (or myself), I hereby authorize the Director or Instructor of OYT Studios to authorize whatever medical treatment that might be necessary in an emergency situation. I understand that I and my medical insurance carrier are financially responsible for any medical treatment extended to my child (or myself), and that OYT Studios and its agents or representatives cannot be held accountable or liable for such medical treatment.

DATE: _____ STUDENT : (if 18 or over) _____

DATE: _____ PARENT: (If responsible for student's tuition) _____



FEES DUE AT REGISTRATION
Registration fee (\$15): (max. \$25 per family)
First month's tuition : (see class schedule)
TOTAL
<i>Make checks payable to: OYT Studios</i>