

2021-2022 Season

Pre-Professional

Division

Contract



2021-2022 Pre-Professional Division CONTRACT

| Student Name: | | | DOB: | AGE: |
|--|------------------------|-------------------|-------------------|--------------------------------|
| Address: | | | City: | |
| State: Zip: | Student Em | nail: | | |
| Student Phone: | School: | | | Grade: (2021-2022 School Year) |
| Parent/Guardian Information | | | | (2022 2022 00:00: 100:) |
| Father: | | Mother: | | |
| Father's Name | | Mother's Name | | |
| Stepmother's Name (if applicable) | | Stepfather's Name | e (if applicable) | |
| Home Address | | Home Address | | |
| City, State, Zip | | City, State, Zip | | |
| Occupation | | Occupation | | |
| Employer | | Employer | | |
| Primary Email | | Primary Email | | |
| Cell Phone Other Phone | 2 | Cell Phone | Oth | ner Phone |
| nny Other Emergency Contact: | | Phone: | Ro | elationship: |
| NOTE: If your email is listed above, it will be ist any email addresses to which you do not wnternational Ballet Academy and Theatre onl | vant communications. E | | | |
| Performance Majors: | | Previous Arts | Training (Note | years in each.): |
| Ballet | | | Ballet | |
| Modern/Contemporary | | | Modern/Conter | mporary |
| Ion-Performance Majors: | | | Teaching | |
| | | | | |
| Teaching | | | Choreography | |

Continuing Education

Admission Policy: The International Ballet Academy admits students of any race, color, religion, sexual orientation, nationality and any ethnic origin to 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, religion, sexual orientation, nationality or any ethnic origin in the administration of its educational policies, admissions policies, financial aid programs, and other school administered programs.

Agreement and Waiver of Liability: The student represented on this application and his/her parents/guardians understand and agree to the following:

- 1) All payments are non-refundable.
- 2) Students must follow all IBA & IBT organizational policies and regulations, in addition to all professional program policies & regulations.
- 3) Personal accident insurance is the responsibility of each student and his/her family. IBA and IBT and its faculty and organizational volunteer staff shall not be held responsible for any injuries that occur while studying at the school or performing/rehearsing with either company.
- 4) IBA & IBT have permission to take photos and videos of the student indicated on this application to use for administrative and promotional purposes, as well as for the sale of performance videos and other possible promotional materials.
- 5) IBA has permission to publish the student contact information in the annual Pre-PD Directory.

Agreement of Policies and Grounds for Dismissal: The above indicated student and his/her parent/guardians are submitting this application for admission to the International Ballet Academy Pre-Professional Division Program. The International Ballet Academy is an educational entity. We understand that the Academy reserves the right to dismiss any student if, in its judgment, the family is in any way disruptive and/or not supportive or cooperative with the faculty in the education process. The IBA also reserves the right to dismiss any student who is not cooperative, respectful, and suited to the program. All students are subject to dismissal if student and family members do not comply with IBA & IBT policies found in posted parent/studio manuals and on all registration documents related to their specific program. The above listed student and parents/guardians have read and agree with the standard of conduct expected of a student representing the Pre-Professional Division of IBA. IBA reserves the right to dismiss any student if policies are not upheld, if student conduct is not according to the expectations noted in all IBA manuals. IBA also reserves the right to dismiss any student if the payment of tuition and/or performance/costumes fees is in arrears. No refunds will be given to any dancer who is dismissed for any of these stated reasons/issues.

| Parent/Guardian Signature | Date | Student Signature | Date |
|--|--|--|---|
| | | in a container with a permanent labo , name of physician, and the expira | |
| be carried if absolutely necessary a any other such prescriptions/items given below. The student and his/I waste left behind for the protection responsible if the dancer listed in intentionally or accidentally. Most Should your student need these, IB | and must be secured caref is and it is necessary that the per parent/guardian are re on of all other families/sturn in this contract allows and tof the time, IBA/IBT will A staff will only distribute to | fully. If your child uses an inhaler fithe student give his/her own medic sponsible for the storage of these it dents in the facilities. Dancers and other individual access to any of have both Ibuprofen and Tylenol in them with verbal consent by one of ordian has signed in agreement with | or asthma, epi-pen for allergies, of cation, your authorization must be ems and the proper disposal of any their parent/guardian will be held their personal medications, either the First Aid Kit at the front desk the above-listed parents/guardians |
| Parent/Guardian Signature | | Student Signature | Date |

| Liability Waiver Related to represent that they understand that pa exercises, dance movements, physical a information that has been provided in shall be notified of any changes regardinjury, harm or damage arising from or rehearsals and performances. The region officers, trustees, and shareholders from registrant's participation in IBA prografacilities or the premises where IBA is heirs, executors, administrators, assigns | rticipation in the Pre- activity and other act this form is true and ing the registrant's manaled related to the registra strant and his/her far any and all liability ms & any IBT comp located. The assump | professional program classes, rehearsalivities involving hazards and risks of injacomplete. We understand that IBA is dedical condition. The registrant and hant's participation in any IBA programm mily releases IBA (and IBT) and its instraction of any kind and nature which may arise any rehearsals & performances as we betion of risk and release is binding upon | Is and performances will require ury. We assert that the medical relying on that information and is/her family assumes all risks of ing, to include their IBT company uctors, staff, agents, employees, out of or in connection with this ell as the use of IBA services or |
|---|--|--|---|
| Parent/Guardian Signature | Date | Student Signature | Date |
| Medical Authorization: This of 18 years old. If the participant is 18 years be a part of the IBA Pre-Professional Di | rs of age or older, the | | |
| If in the event of illness or injury, the present to seek out medical attention a professional judgment of a qualified m required, this authorizes all medical panecessary at that time if efforts to read demands quick action/care be taken/ad | as they feel is most nedical doctor or other rties involved to offect the above-listed p | ecessary on behalf of the registrant liser emergency treatment personnel, more such medical treatment or assistance | ted in this application. If, in the edical assistance or treatment is a sis believed to be medically |
| All parties represented by this contract physical condition that in any way may a new condition that could cause more | be relevant to his/he | r training. IBA instructors must always | - |
| Parent/Guardian Signature | Date | Student Signature | Date |
| Attendance: All parties agree th Division students is mandatory. Atte throughout the season. These programs the end of year graduation ceremony events will all be considered both in the | ndance and particip s may be held outside is mandatory. Studer ir exam scores and w | ation in some programs of the IBA as of regular class time, but will be considered and that attendance in the lith regard to advancement at the Interr | and the IBT will be announced dered mandatory. Attendance at ir lessons and at the mandatory national Ballet Academy. |
| Students agree that they will contact the class, either by phone (425-822-7694), unexcused, this includes absences reportancers or dance instructors is secondar questions from ALL faculty members of for any change in your attendance/status | text (919-356-5648) rted to another dance ry, and this does not both IBA & IBT; there | or by email (info@intballetacademy.or er or an instructor rather than the IBA adhere to proper procedure. The from | rg). Non-reported absences are front desk. Notification to other at office is responsible to answer |
| All absences, for any reason, will be no that dancers who are injured are still expression of the lesson, one | pected to attend the | lessons in which they are not able to pa | rticipate. There is much to learn |
| Parent/Guardian Signature | Date | Student Signature | Date |

IBA Pre-Professional Division Medical Information & Waiver Form

| PRIM | IARY PHYSI | CIAN | INFORMATION | 1 | | | | |
|-----------------|---|--------------------------|--|---|--|---|--|-------------------------|
| Physician Name: | | | Clinic/Hospital: | | | | | |
| | | | | | | | | |
| Addres | ss: | | | | City: | | State: | Zip: |
| Phone: | | | | Email: | | | | |
| PHONE. | • | | | Ellidii. | | | | |
| | of last phy | | | II have a complete hed | althcare physical | l within 6 | months of the st | eart of the 2021-2022 |
| | | | | DATE OF LAS | T PHYSICAL: | | | |
| STUD | ENT MEDIC | CAL I | NSURANCE INFO | ORMATION | | | | |
| Insurar | nce Company: | | | | Policy Holder's N | Name | | |
| | | | | | | | | |
| YES Has th | Incomp le student had N le student had | lete d or d O d any | medical informations oes he/she have an If yes, explain: recent surgery or b | | y a dancer fro | om parti | cipation in IB | - |
| YES | N | | | | | | | |
| Has th | e student in t | he pa | | t this time suffer from | | | | |
| YES | N | 0 | If yes, explain: | | | | | |
| Has th | e student in t | he pa | ast or does he/she a | t this time suffer from | allergies of any | kind? | | |
| YES | N | 0 | If yes, explain: | | | | | |
| | Academy s other danc Epi-pen or | taff c ers m any c | annot control all as nay bring with them other such item for e | rd to either/both ASTH pects of the surroundi daily, etc. Please indi emergencies and if the expect and the emerg | ng environment cate if your dand sy are capable of | to include cer carries f self-adm | e all environmen s medications su inistering these | tal allergens, foods |
| | | | y other routine med | dication? YES | NC | | | |
| ıı yes, | | | | | | | of which you f | and we should be award? |
| | Does this 0 | iance | i ilave ally other lea | arning/physical/emotic | onal/ benavioral | crialienge | s or which you t | eel we should be aware? |
| | | | | | | | | |

| and will not be used inappropriately. |
|--|
| Describe any dietary requirements, including religious observance, medical restrictions, food allergies, and other special diets: |
| Describe any chronic medical conditions to which your child is subject and any medication he/she is currently taking: |
| Describe your child's reactions to stressful situations (e.g. problems with sleeping, eating, anger, depression, hyperactivity, etc.): |
| Has your child shown any signs of eating disorders? YES NO |
| If yes, which one(s) |
| Has your child had any particular area in which learning has been problematic? YES NO If yes, please specify: |
| Please list any major injuries and/or chronic physical weaknesses that your child has experienced within the last three years, to include an dramatic changes in your child's weight (loss or gain): |
| Does your child have any physical limitations that we need to consider in relation to the school's intense training? If so, please specify: |
| What do you consider your child's greatest social strengths to be? |
| Is there anything else you would like us to know about your child? You may also elaborate on the above information in this space. |
| |

The Pre-Professional Division provides an arts training curriculum. The program is demanding physically, mentally, and emotionally. Part of our admission process is to determine whether our program is well matched to your child and whether we can fully support them as they develop both as an artist and a student. We request the following information for your student's well being and to



Parent/Guardian Signature



IBA & IBT OUT OF FACILITY POLICY:

Date

- The International Ballet Academy & the International Ballet Theatre are both private organizations providing extra-curricular activities for young people in the Puget Sound area. Both IBA & IBT faculty take the safety of our dancers very seriously. Even so, it is the responsibility of the parent/guardian to make sure that their child and family members understand and abide by the policies and recommendations with regard to this matter. Blatant disregard for these policies can result in dismissal from all International Ballet Academy & International Ballet Theatre programs. In addition, the International Ballet Academy and the International Ballet Theatre will not be held responsible in the event that participants in their programming do not abide by their stated policies.
- It is the policy of the International Ballet Academy & the International Ballet Theatre that minor children should not be allowed to enter and exit the International Ballet Academy facilities, or any other venue at which a dancer may be involved in Academy or Theatre performances or activities, without direct parental/guardian supervision. Parents of minor children are asked to *physically escort their children* and stay with them until they are officially placed under the supervision of IBA or IBT faculty or volunteers. Due to the busy nature of the parking lots & garages at IBA/IBT facilities & off-site venues, families are *strongly discouraged* from allowing minor children to navigate through parking lots without their direct supervision.
- It is recommended that all dancers under the age of 18 years of age who have parental permission to enter and exit IBA/IBT facilities/venues do so only in groups of two or more dancers AT ALL TIMES. Dancers are advised not to leave facilities and venues alone or to ever be out of the facility without using the buddy system for safety.
- ALL DANCERS leaving the premises during class hours should sign out as they exit, indicating where they are going
 and when they will return.
- Each individual dancer must be responsible for signing themselves in and out. Even if a member of the exiting group is 18 years of age or older, these policies still stand for every dancer in that group.
- IBA discourages any dancer from leaving in a vehicle driven by anyone under the age of 20 years old.
- Dancers must never enter & exit the building in just their dancewear. Dancers should be fully clothed in their regular street clothing prior to leaving the building.
- Dancers must also always conduct themselves in a manner that will never bring reproach upon themselves, their dance companions or the International Ballet Academy & Theatre.

| I, (Parent/Guardian) of | _ fully understand the International Ballet Academy & |
|---|--|
| International Ballet Theatre policies and recommendations with regard to the above named which they are participating in any activity with either of the above named organizations. I Academy & International Ballet Theatre staff, faculty & volunteers are not responsible for the upon their exit from the facility or venue at which they are participating in activities and; there the International Ballet Theatre of all liability and take full responsibility for the above named IBA/IBT facilities & venues. I understand the IBA & IBT safety policies with regard to this madherence to them. | acknowledge and agree that the International Ballet supervision of the above named dancer immediately refore, I release the International Ballet Academy and d dancer prior to their entry and upon their exit from |
| | |

Student Signature

Date

International Ballet Academy Academic Mission Statement:

The mission of the International Ballet Academy Academic program is to offer dancers a high-quality academic program linking the students' educational experiences with their professional dance training.

The International Ballet Academy is proud to offer IBA Academics, an education program designed to meet the academic needs of our highly-motivated dancers as they pursue their development and training toward a professional career in dance. IBA Academics recognizes a flexible education model is key for dancers working to achieve higher education goals while pursuing professional dance training. Our program provides each student with the support and flexibility necessary to pursue artistic careers and higher education goals. Academic tutors are available daily to provide students with support as they work through a self-paced curriculum designed to meet their individual goals and needs. An Academic Director and Counselor will assist parents and students with course selection, scheduling, and transcript information.

Dancers participating in IBA Academics will be provided with:

- Daily supervision from 9:00am 2:00 p.m.
- · Academic tutors to support students with individual academic goals
- A flexible schedule allowing students dual preparation in artistic careers and higher education
- The option of either a report card and transcript from the online academy or a homeschool transcript which will reflect courses and grades from the online academy and course work/training completed through dance training

Please visit the IBA front office in order to inquire about the availability of this program for the 2021 – 2022 Season.

International Ballet Academy & Theatre Tuition & Fees Policies:

Dancers in the Pre-Professional Division program are given 2 payment options. Families may pay full semester payments, or they may choose to enroll in the IBA auto payment program. Students and parents listed in this contract are signing in agreement, committing to the full 2021 – 2022 season and to two full 5 month semester payments (10 equal monthly payments.) Payment months for monthly auto payment are: Sept, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May & June.

Injury: In the event of an injury, the student is still a member of this program and all parties listed on this contract understand that <u>payment</u> is still due for this program by the 1st of every month. Dancers who are injured are still expected to attend the lessons in which they are not able to participate physically.

Illness: In the event of an illness, the student is still a member of this program and all parties listed on this contract understand that <u>payment is still due for this program by the 1st of every month</u>. Dancers must let instructors know in advance if they will be missing their lessons. All efforts should be made to get good rest, eat well and take care to not miss too many lessons each semester. Too many absences can result in reconsideration of placement.

Discontinuation: In the event that this student decides to discontinue this program during the season, both the student and the parents/guardians represented by signature below and on this contract understand and agree that they will still be responsible for the tuition payments through the last day of that semester in which they discontinue. **A 30-day notice** in writing is required for discontinuation.

The student listed on this application and his/her parent/guardian understand and accept these policies and so indicate this by signing below.

| Parent/Guardian Signature | Date | Student Signature | Date |
|---------------------------|------|-------------------|------|



2021-2022 Pre-Professional Division Contract Completion

| INITIALS | LEGAL RELEASE & | DANCER'S FULL NAME: | | | |
|------------------------------|---|---------------------|--|---|----------------|
| Required in each box | IBA – IBT POLICY ACCEPTANCE | | | | |
| | REGISTRATION: I (we) accept that registration is being held on a first-come-first-serve basis and that class sizes may be limited based on recommendations regarding Covid-19 and social distancing. I (we) acknowledge and accept the policy that: • Dancers are allowed to attend ONLY classes for which they have registered and to which they have been accepted. • Make-up classes are not guaranteed and must be arranged specifically with the IBA front desk staff. • An administrative fee of \$25 will be charged for any and all class transfers/changes/adjustments after registration. • This registration is a commitment to two full 19-week semesters, 10 months and 2 equal semester payments. • Should I (we) choose to stop lessons prior to the end of the semester, no refunds or credits will be given for missed lessons and I (we) are still responsible for all remaining semester payments per this original registration. | | | | |
| | STUDIO POLICIES: I (we) acknowledge we have read and reviewed the Parent/Student Manual and the full IBA Pre-Professional Division Policy Packet. I (we) acknowledge that we have full access to the Academy manual on the IBA website and can request a copy from IBA at any time. I (we) acknowledge that our dancer and all parties accompanying this dancer in the IBA facilities and/or outside IBA activities will abide by the IBA and IBT policies. I (we) acknowledge and accept that non-compliance to company policies can lead to dismissal. If the student and/or family represented by this contract are dismissed due to non-compliance to IBA and IBT policies, no refunds or credits will be given for tuition and fees paid | | | | |
| | OTHER SPECIAL POLICIES & NOTICES: Due to severity of the 2020 - 2021 Coronavirus pandemic, my family and I agree to follow any and all IBA & IBT Safety guidelines and updates related to Covid-19 or any other community or organizational emergency or issue. I (we) accept that, if dismissed due to non-compliance to any updates and newly posted regulations and policies, no refunds or credits will be given for tuition and fees paid. | | | | l emergency or |
| | GENERAL ACADEMY TUITION POLICIES: I (we) acknowledge and accept that IBA Tuition and Fees are non-refundable and non-transferrable. I (we) acknowledge and accept that: A late fee of \$25 will be assessed on all unpaid tuition on the 8th day of that current month. A \$25 late fee will be assessed each month on the 1st if the past due fees are not resolved. There is a \$50 fee on all returned checks. Only partial refunds or credits will be considered for missed lesson time in cases of serious injury. Families seeking refunds in such cases must apply in writing. A verified physician's letter/note must be attached to the application. Applications for partial refund consideration may be found at the IBA Front Desk. | | | | |
| | I (we) understand and accept that personal accident insurance is the responsibility of each student/family. International Ballet Academy & Theatre organizations, and their faculty shall not be held responsible for any injuries that occur while families/students are at IBA/IBT facilities and/or while taking part in any programs at the IBA/IBT facilities or off site during an outside activity with IBA/IBT or an online lesson with IBA/IBT. This acceptance includes any family members or friends of students who may be in attendance with a dancer in any activities either in person or online. | | | | |
| | I (we) understand and accept my (our) own personal responsibility for our own personal property. IBA & IBT will not be held responsible for any lost or stolen items. I (we) understand that no valuables should be brought into the facility and that all personal items should be stored properly in designated storage areas provided only. | | | | |
| | I (we) understand and accept the IBA schedules and that these schedules are subject to change in the event that it becomes necessary for the good of all dancers and the whole program. | | | | |
| | I (we) give permission for IBA to take photos or short video clips of the person represented by this registration form during their participation in activities with IBA. I (we) consent to their use for purposes of presenting and promoting the IBA programs through various forms of social media and/or printed/website material. | | | | |
| Parent Signature: Date: / / | | | | | / |
| Student Signature: Date: / / | | | | / | |



2021-2022 SEASON REGISTRATION DEADLINE: July 15, 2021

Pre-Professional Division Annual Registration Fee: \$ 75.00

Dancer's Full Name:

Due: By June 19, 2021 with Contract

\$ 150.00

Due: After June 19th with Contract

Pre-Professional Division Tuition Fees: \$4,000.00 – Semester One (Due September 1, 2021)

\$ 4,000.00 – Semester Two (Due February 1, 2022)

Enrollment in a monthly auto payment option is available. In this case, the semester tuition will be divided into 5 equal monthly payments for 10 months (September, 2021 – June, 2022.) All charges will occur on or around the 3rd of each month. All auto payment charges are subject to a 1.5% service fee.

For information about fees for the IBA Academic programs, please visit the IBA front desk.