STUDENT NAME ____________________________

Please check the session the student will attend.

☐ $2400 6 WK. SESSION
   MONDAY, JUNE 8 - FRIDAY, JULY 17

☐ $1600 4 WK. SESSION
   MONDAY, JUNE 8 - FRIDAY, JULY 3

The deadline for payment of the TUITION BALANCE is May 1, 2020
A late fee of $200.00 will be assessed for final tuition payments made after May 1, 2020.

PAYMENT BY CHECK  If paying with check or money order, pay discounted tuition rate of $385 per week

<table>
<thead>
<tr>
<th>TUITION $385/ WEEK</th>
<th>$__________________________</th>
<th>I have enclosed a check for the total due $__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEDUCT THE FOLLOWING:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEPOSIT</td>
<td>$ 250</td>
<td>Check # __________________________ Date ________________________</td>
</tr>
<tr>
<td>TUITION SCHOLARSHIP</td>
<td>$__________________________</td>
<td>Checks should be made out to Oklahoma City Ballet. There is a $35 charge for checks returned for insufficient funds.</td>
</tr>
<tr>
<td>if applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL DUE</td>
<td>$__________________________</td>
<td></td>
</tr>
</tbody>
</table>

PAYMENT USING CREDIT CARD

<table>
<thead>
<tr>
<th>TUITION $400/ WEEK</th>
<th>$__________________________</th>
<th>I wish to pay using my credit card for the total due $__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEDUCT THE FOLLOWING:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEPOSIT</td>
<td>$ 250</td>
<td></td>
</tr>
<tr>
<td>TUITION SCHOLARSHIP</td>
<td>$__________________________</td>
<td></td>
</tr>
<tr>
<td>if applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL DUE</td>
<td>$__________________________</td>
<td></td>
</tr>
</tbody>
</table>

Name (as it appears on card) __________________________
Card Number __________________________ Security Code __________________________
Expiration Date __________________________ Security Code __________________________
Billing Address __________________________
Phone __________________________ Signature __________________________
STUDENT NAME ____________________________________________

Please check the session the student will attend.

☐ $3810
   6 WK. SESSION
   MONDAY, JUNE 8 - FRIDAY, JULY 17

☐ $2540
   4 WK. SESSION
   MONDAY, JUNE 8 - FRIDAY, JULY 3

The deadline for payment of the ROOM AND BOARD BALANCE is May 1, 2020.
A late fee of $200 will be assessed for room and board payments made after May 1, 2020.

PAYMENT BY CHECK   If paying with check or money order, pay discounted rate of $610 per week

ROOM & BOARD $610/ WEEK $ _________________
DEDUCT THE FOLLOWING:
DEPOSIT $ 250
TOTAL DUE $ _________________

I have enclosed a check for the total due $ _________________

Check # ___________________ Date _______________

Checks should be made out to Oklahoma City Ballet.
There is a $35 charge for checks returned for insufficient funds.

PAYMENT USING CREDIT CARD

TUITION $635/ WEEK $ _________________
DEDUCT THE FOLLOWING:
DEPOSIT $ 250
TOTAL DUE $ _________________

I wish to pay using my credit card for the total due $ _________________

Name (as it appears on card)

________________________________________

Card Number

________________________________________

Expiration Date Security Code

________________________________________

Billing Address

________________________________________

Phone ___________________ Signature ___________________
LIABILITY WAIVER AND RELEASE FORM

NEW DATE - DUE MAY 15, 2020

Please read this thoroughly and carefully before signing. This is a release of liability and waiver of certain legal rights.

Liability Waiver: As the enrolled participant in Oklahoma City Ballet’s Summer Intensive 2020 and the parent/legal guardian of the enrolled participant (if under 18), I/we agree and understand that there are risks inherent in dance/fitness training, including but not limited to serious physical injury. I/we hereby agree to indemnify and hold harmless Oklahoma City Ballet, its instructors, officers, directors, agents, and employees against any liability resulting from any injury that may occur to the participant while participating in activities of Oklahoma City Ballet and its Summer Intensive 2020 program. I/we also agree to indemnify Oklahoma City Ballet for any damages incurred arising from any claims, demand, action or course of action by the participant.

Medical Release: As the enrolled participant in Oklahoma City Ballet’s Summer Intensive 2020 and the parent/legal guardian of the enrolled participant (if under 18), I/we understand that it may be necessary for the participant to receive immediate medical and/or hospital attention without the specific consent of the undersigned in order to protect the health and welfare of the participant and other students. In view of this, I/we agree that if the participant needs medical and/or hospital care, that representatives of Oklahoma City Ballet and/or Oklahoma City University shall have authorization to insure that the participant receives necessary medical care. I/we agree to pay all costs associated with medical care and transportation for the participant. I/we affirm that all medical/health problems of which the staff should be aware are disclosed on the Health Information Form. I/we fully indemnify and hold harmless Oklahoma City Ballet, Oklahoma City University, and their trustees, officers, agents, and employees from any claim or liability resulting from the actions authorized herein.

Photography/Videography Release: As the enrolled participant in Oklahoma City Ballet’s Summer Intensive 2020 and the parent/legal guardian of the enrolled participant (if under 18), I/we authorize Oklahoma City Ballet and/or its representatives, agents, or employees to photograph and/or film and use any photograph/ likeness of me/my minor child for purposes including publicity, choreographic archives, promotional materials, and other projects specifically marketing Oklahoma City Ballet’s school and summer intensive programs.

Release to leave with Parents/Guardians/Relatives/Friends: As the enrolled participant in Oklahoma City Ballet’s Summer Intensive 2020 and the parent/legal guardian of the enrolled participant (if under 18), I/we release and discharge Oklahoma City Ballet, Oklahoma City University, and their trustees, officers, agents, and employees from any and all responsibility, personal liability, losses, claims, or damages arising out of or in connection with trips scheduled by the parents/guardians/relatives/friends of the participant during the time enrolled in the program or in residence at OCU. Before a student can be released to parents/guardians/relatives/friends, there must be a signed release form detailing time in/out and planned destinations on file with OKCB staff at least 24 hours in advance.

Field Trip/Walking Excursion Release: As the enrolled participant in Oklahoma City Ballet’s Summer Intensive 2020 and the parent/legal guardian of the enrolled participant (if under 18), I/we hereby release and discharge Oklahoma City Ballet, Oklahoma City University, and their trustees, officers, agents, and employees from any and all responsibility, personal liability, losses, claims, or damages arising out of, or in connection with, any field trips or walking excursions during the time enrolled in the program or in residence at OCU. All scheduled activities, both on- and off-campus, will be supervised by Oklahoma City Ballet Resident Assistants.

Staff Transportation Release: As the enrolled participant in Oklahoma City Ballet’s Summer Intensive 2020 and the parent/legal guardian of the enrolled participant (if under 18), I/we hereby authorize Oklahoma City Ballet staff, including Resident Assistants, to transport the participant in the event of illness or injury, or to the airport if emergency travel must be arranged. I/we agree to fully indemnify and hold harmless Oklahoma City Ballet, Oklahoma City University, and their trustees, officers, agents, and employees from any claim or liability resulting from this transportation.

I HAVE CAREFULLY READ THE ABOVE AND SIGN WITH FULL KNOWLEDGE OF THIS FORM’S CONTENT AND SIGNIFICANCE. ADDITIONALLY, I HAVE READ AND AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES.

<table>
<thead>
<tr>
<th>Student Name (Printed: First, Middle Initial, Last)</th>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State of</th>
<th>County of</th>
</tr>
</thead>
</table>

Subscribed and sworn before me this Day of , 2020

Notary Signature
# Personal Information

<table>
<thead>
<tr>
<th>Student Name (First Middle Last)</th>
<th>Birth Date</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Address</td>
<td>City/Town/State/Zip</td>
<td></td>
</tr>
<tr>
<td>Primary Phone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# Person to Notify in Case of Emergency

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City/Town/State/Zip</td>
</tr>
<tr>
<td>Primary Phone</td>
<td>Alternate Phone</td>
</tr>
<tr>
<td>Work Phone</td>
<td></td>
</tr>
</tbody>
</table>

# Insurance Information

<table>
<thead>
<tr>
<th>Policy Holder</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Company:</td>
<td>ID#</td>
</tr>
</tbody>
</table>

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Please submit a copy of the front and back of the student's medical insurance card along with this form.
HEALTH HISTORY INFORMATION

STUDENT NAME

Height: ____________________  Weight: ____________________

Please write Y (yes) or N (No) for each of the following:

- Y Allergies - Food/Medicine
- Y Anemia
- Y Appendicitis
- Y Arthritic Condition
- Y Asthma/Hay Fever
- Y Back Problems
- Y Bleeding Disorder
- Y Bone/Joint Pain
- Y Chickenpox
- Y Constipation/Diarrhea
- Y Convulsions/Epilepsy
- Y Current Medication
- Y Depression
- Y Diabetes
- Y Ear, Nose, Throat Problems
- Y Fainting/Dizziness
- Y Glasses/Contacts Wearer
- Y Gum/Teeth Problems
- Y Headaches
- Y Heart Disease
- Y Hepatitis
- Y Hernia Problems
- Y High/Low Blood Pressure
- Y Hospitalizations
- Y Infectious Mono
- Y Kidney Disorder
- Y Lung Disorder
- Y Operations
- Y Rheumatic Fever
- Y Serious Injury
- Y Skin Problems
- Y Sleeping Disorder
- Y Special Diet Requirements
- Y Ulcers/Indigestion
- Y Urinary Tract Infections
- Y Weight Loss/Gain

Other: ______________________

If you answered “Yes” to any of the above, please elaborate: 

________________________________________________________________________

________________________________________________________________________

Have you ever received treatment for emotional problems? If yes, please elaborate: 

________________________________________________________________________

________________________________________________________________________

Please submit your immunization records. This can include a signed physician or clinic report or a copy of your school immunization record. If you’re not immunized, we need a Certificate of Exemption from your state.
RESPONSIBILITY PLEDGE FORM

NEW DATE - DUE MAY 15, 2020

STUDENT NAME _______________________

As a student attending Oklahoma City Ballet's Summer Intensive, I understand that I share responsibility for the well-being of the community. I agree to abide by the rules and code of conduct. If I violate any of these rules, I will be sent home at my/my family's expense, and tuition and housing fees will not be refunded.

There is no sexual behavior or dating permitted by students enrolled in the OKCB Summer Intensive.

Drugs, other than prescription drugs or over the counter medications provided by parents/guardians, are forbidden on the grounds of the OKC Ballet Susan E. Brackett Dance Center.

Alcoholic beverages are prohibited to minors in the state of Oklahoma.

All tobacco products - cigarettes, cigars, pipes, chewing tobacco, and e-cigarettes - are prohibited on the grounds of the OKC Ballet Susan E. Brackett Dance Center.

Firearms, fireworks, explosives, and weapons are forbidden on the grounds of the OKC Ballet Susan E. Brackett Dance Center.

The violation of any of the above is grounds for instant dismissal from the Oklahoma City Ballet Summer Intensive.

WALKING RELEASE

Although Oklahoma City is a relatively safe city, the social climate of the world dictates that OKCB impose some regulations on the Summer Intensive students. The following regulations apply to all students at all times.

• Students ages 13-17 must be with an RA or other authorized adult at all times.
• Students ages 18-23 must sign out in groups of 3 or more at all times.
• All trip activities that are held away from Oklahoma City University will be supervised by the Resident Assistants (RA's) employed by OKCB for its Summer Intensive Program.

By signing this document, I assert that I understand the rules and the consequences if I violate them.

Student Signature ______________________ Date ____________

As the parent/legal guardian of ____________________________, I understand the rules and policies my child is expected to abide by, and the responsibilities she/he has while attending Oklahoma City Ballet's Summer Intensive. I support the rules and understand that I will pay any and all expenses incurred to return my child home if she/he does not abide by them.

Parent/Legal Guardian Signature ________________ Date ____________