



DEVON CARNEY  
ARTISTIC DIRECTOR

# R.O.A.D. SCHOLARSHIP PROGRAM

## SUMMER 2022 REGISTRATION

June 8 - July 27, 2022

### STUDENT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Preferred First Name (for roster): \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Academic School: \_\_\_\_\_ 2022-2023 Grade: \_\_\_\_\_

### PARENT/GUARDIAN 1 INFORMATION:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (will be used as primary email contact): \_\_\_\_\_

Cell Phone (will be used as primary phone contact): (       ) \_\_\_\_\_

Home Phone: (       ) \_\_\_\_\_ Work Phone: (       ) \_\_\_\_\_

### PARENT/GUARDIAN 2 INFORMATION:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (       ) \_\_\_\_\_

Home Phone: (       ) \_\_\_\_\_ Work Phone: (       ) \_\_\_\_\_

### R.O.A.D. SCHOLARS SCHEDULE

**CLASS**

- Ballet
- Jazz

**DAY OF THE WEEK:**

M T W TH F

**CLASS TIME:** \_\_\_\_\_



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# HEALTH HISTORY

## R.O.A.D. Scholarship Program

### Summer 2022

**STUDENT NAME:** \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**EMERGENCY CONTACT:**

*In the event parents/guardians cannot be reached, please contact:*

Name (other than parent/guardian): \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Emergency Phone 1: (     ) \_\_\_\_\_ Emergency Phone 2: (     ) \_\_\_\_\_

**HEALTH CONDITIONS:**

*Please indicate any of the following conditions which have applied or currently apply to the student:*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADHD                        | <input type="checkbox"/> Eating disorder         | <input type="checkbox"/> Heart problems      |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Epilepsy/seizures       | <input type="checkbox"/> Hospitalization     |
| <input type="checkbox"/> Behavioral/emotional issues | <input type="checkbox"/> Fainting/dizziness      | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Bleeding disorder           | <input type="checkbox"/> Gastrointestinal issues | <input type="checkbox"/> Surgery             |
| <input type="checkbox"/> Chronic illness             | <input type="checkbox"/> Headaches               | <input type="checkbox"/> Vision impairment   |
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Hearing impairment      | <input type="checkbox"/> Other: _____        |
| Please explain any item(s) checked above:            |  | <input type="checkbox"/> None of the above   |

**ALLERGIES:** *Please list all known allergies, including reaction and treatment. If allergy is severe, please provide KCBS with an emergency action plan.*

**ADDITIONAL INFO:** *Is there anything not discussed above that we should know about your child?*

**MEDICAL INSURANCE:** Please tape below a copy of the front and back of the student's medical insurance card. If you do not carry insurance for your student, please initial here: \_\_\_\_\_

FRONT

BACK



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# ADDITIONAL INFORMATION

## R.O.A.D. Scholarship Program

### Summer 2022

### FOR NEW STUDENTS

How did you first hear about Kansas City Ballet  
*Please select one.*

- At School \_\_\_\_\_
- Brochure
- R.O.A.D Rally
- KCB performance \_\_\_\_\_
- KCB social media \_\_\_\_\_
- Online search for \_\_\_\_\_
- Online ad
- Word of mouth \_\_\_\_\_

What influenced you to enroll your child in the  
R.O.A.D. Scholarship Program? *Please select one.*

- School Principal/Teacher \_\_\_\_\_
- Brochure
- R.O.A.D Rally \_\_\_\_\_
- KCB performance \_\_\_\_\_
- KCB social media \_\_\_\_\_
- Online search/KCB Website
- Online ad
- Word of mouth \_\_\_\_\_

### FOR ALL STUDENTS

**For grant purposes we appreciate you responding to the following demographic questions. This information will remain confidential for each individual family.**

What race/ethnicity do you identify with?  
*Please mark one for each column header.*

	R.O.A.D. Student	Parent/Guardian 1	Parent/Guardian 2
White			
Black or African American			
Hispanic, Latino, or Spanish Origin			
Asian			
American Indian or Alaska Native			
Native Hawaiian or Other Pacific Islander			
Some other race, ethnicity, or origin			

What is your total household income before taxes?  
*Please select one.*

- Less than \$25,000
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

### ENGAGE WITH KANSAS CITY BALLET!

*If interested, please check the following:*

- I would like to volunteer with Kansas City Ballet.
- I would like to receive the Kansas City Ballet Community Engagement and Education eNewsletter.



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# WAIVER AND RELEASE

## R.O.A.D. Scholarship Program

### Summer 2022

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

#### **LIABILITY RELEASE**

As the enrolled participant and/or the parent/guardian of a R.O.A.D. Scholar, I agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Kansas City Ballet and hereby agrees to indemnify and hold harmless KC 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 KC Ballet.

The participant also agrees to indemnify KC Ballet for any damages incurred arising from any claims, demand, action or course of action by the participant. The participant authorizes any representative of KC Ballet to have the participant treated in any medical emergency during their participation in activities of KC Ballet. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. Any medical/health issues of which the staff should be aware are disclosed on the Health History Form. The parent/guardian will keep KC Ballet informed of any changes in the participant's health.

#### **PHOTOGRAPHY/VIDEOGRAPHY/SOCIAL MEDIA RELEASE**

As the enrolled participant and/or the parent/guardian of a R.O.A.D. Scholar, I authorize Kansas City Ballet and/or its representative, agent or employee to photograph and/or videotape and use any photograph/likeness of me or my minor child for any purpose, including publicity, choreographic archives, promotional materials, KCB social media, and/or any other reason deemed appropriate by KC Ballet's Community Engagement and Education Director and School Director

I have carefully read the above releases and sign with full knowledge of their content and significance. I have read and agree to abide by all policies and procedures.

\_\_\_\_\_  
STUDENT NAME (please print)

\_\_\_\_\_  
PARENT/GUARDIAN NAME (please print)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**Complete R.O.A.D. Scholarship registration forms and signed waiver before your first day of classes.**

Todd Bolender Center for Dance & Creativity  
Kansas City Ballet Community Engagement and Education  
500 W. Pershing Rd.  
Kansas City, MO 64108

**FOR MORE INFO:**  
Phone: 816.216.5609  
education@kcballet.org  
kcballet.org



# WAIVER AND RELEASE

## R.O.A.D. Scholarship Program

### Summer 2022

#### **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The Kansas City Ballet (KCB) has created Safety Guidelines for the return to classes and workshops from July 2020 through the 2020-2021 Academic Year. The attached guidelines were prepared in consultation with medical experts, the Center for Disease Control and Prevention (CDC), and state and local officials on the opening of schools, as well as our own research in our particular field for operation, including in consultation with our colleagues from dance schools across the nation.

Kansas City Ballet has put into place these preventive measures in an effort to reduce the likelihood of the spread of COVID-19; however, even if these procedures are strictly followed, KCB cannot guarantee that you or your child (the "Student") will not become infected by COVID-19.

By signing this release, you acknowledge your child's risk of being exposed to or infected by COVID-19 by attending any class held at the Bolender Center for Dance & Creativity or the Johnson County Campus of Kansas City Ballet. This exposure may result from the actions, omissions, or negligence of Kansas City Ballet, Kansas City Ballet Community Engagement and Education Department, Kansas City Ballet School, and others, including but not limited to, faculty, staff, and class participants and their families, or from circumstances which are unknown or beyond anyone's control.

#### **READ CAREFULLY AS EXECUTION OF THIS FORM WILL WAIVE LEGAL RIGHTS:**

**By signing below, you acknowledge that:**

**I understand that KCB will try to follow the Safety Guidelines referenced above, but I also understand that I cannot expect perfect compliance. I acknowledge and understand that, even if there is strict adherence to the procedures referenced above, there is still a risk that my child attending the Program can contract COVID-19 while on Kansas City Ballet premises or participating in Kansas City Ballet programs. I also acknowledge that due to their physical nature, dance programs may carry a greater risk than other activities of exposure to COVID-19. Even when all reasonable precautions are taken, there is an unavoidable risk of exposure to COVID-19.**

**I knowingly and voluntarily agree to assume all the risks of COVID-19 and accept sole responsibility of any infection (including but not limited to personal injury, disability, and death) or expense of any kind, that I or my child may experience or incur arising from my child's attendance at Kansas City Ballet classes and workshops or use of Kansas City Ballet facilities or other participation in Kansas City Ballet programs.**

**In consideration of the acceptance of Student for participation in a KCB program, Student and his/her assignees, heirs, parents, guardians, and legal representatives hereby voluntarily release, forever discharge, and hold harmless Kansas City Ballet, Kansas City Ballet Community Engagement and Education Department and Kansas City Ballet School, and each of their officers, trustees, employees, faculty, staff, students, agents, representatives, or groups affiliated therewith (collectively "the Kansas City Ballet Releases") from any liability, claims, or causes of action of whatever nature, arising from or related to exposure to COVID-19 for any reason whatsoever to the fullest extent permitted by law, including without limitation claims based on the actions, omissions or negligence of any of the Kansas City Ballet Releases or claims arising out of Student's attendance at Kansas City Ballet classes and workshops or use of Kansas City Ballet facilities or other participation in Kansas City Ballet programs.**

I acknowledge by signing this release that I have read and understand the KCB Safety Guidelines and Protocols. I also understand that my assumption of risk and release of claims applies, without limitation, to any COVID-19 infection (whether it occurs before, during, or after participation in classes or workshops or other programs). By signing this document, Student and his/her assignees, heirs, parents, guardians, and legal representatives waive the right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to Student or Student's property—including his/her death—caused by COVID-19 or COVID-19-related procedures and arising out of his/her participation in classes or workshops or use of Kansas City Ballet facilities or participation in any program of KCB. I also understand that the Student will not be accepted into the program unless this document is signed with acknowledgement of understanding of the risks involved.

In addition, I understand that this release is intended to be as broad and inclusive as the State of Missouri will allow and that if any portion is held invalid, agrees that the balance shall, not withstanding, continue in full force and effect

By signing, I acknowledge and represent that I am authorized to execute the Assumption of Risk and Waiver of Liability with reference to the Students whose name(s) I have listed below. I understand and agree that this Assumption of Risk and Waiver of Liability is applicable to all Students listed, below, and to every Kansas City Ballet class or workshop or program attended by any such Student after the date I sign this document.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (please print)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT(S)