



DEVON CARNEY
ARTISTIC DIRECTOR

OPEN DIVISION REGISTRATION FORM 18 YEARS OF AGE AND OLDER

First Class _____

CONTACT INFORMATION - *please print clearly*

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Student is: ☐ Male ☐ Female Date of Birth: _____ Age: _____

Cell Phone: _____ Home Phone: _____

Email: _____

☐

**Downtown
Campus**

☐

**South
Campus at
Meadowbrook**

Emergency Contact

Name: _____ Emergency Phone: _____

RETURNING STUDENT: ☐ Yes ☐ No

How did you hear about KCBS? *Please check all that apply.*

☐ Brochure ☐ Ad in _____ ☐ Website ☐ Word of Mouth ☐ Current Student ☐ Plaza Art Fair ☐ Other _____

PLEASE SIGN LIABILITY WAIVER/PHOTOGRAPHY RELEASE

Kansas City Ballet School Open Division

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

I, _____, the enrolled participant and/or the parent/guardian of the participant, 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 School (KCBS) and hereby agrees to indemnify and hold harmless KCBS, 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 the KCBS. The participant also agrees to indemnify KCBS for any damages incurred arising from any claims, demand, action or course of action by the participant. The participant authorizes any representative of KCBS to have the participant treated in any medical emergency during their participation in activities of the KCBS. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

PHOTOGRAPHY/VIDEOGRAPHY RELEASE

As the enrolled participant and/or the parent/guardian of the enrolled participant, 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 and/or any other reason deemed appropriate by the school director.

Student's name (*please print*) _____

Student's signature _____

Date _____

You may register in person the day of your first class by bringing this registration form to the front desk.

Downtown - 500 W. Pershing Rd., Kansas City, MO 64108 OR

South Campus - 9415 Nall Ave Ste 101, Prairie Village, KS 66207

FOR MORE INFO: Phone: 816.931.2299 | Toll-Free: 888.968.2538 | school@kcballet.org | www.kcballet.org