



TAMPA CITY BALLET
DANCE THEATER COMPANY

2024 SUMMER INTENSIVE

REGISTRATION FORM & DOCUMENTS

15 years old and up

STUDENT'S NAME: _____

DATE OF BIRTH: ____ / ____ / ____

PARENT'S NAME: _____

PRIMARY ADDRESS: _____

CITY, STATE, ZIP CODE: _____

INTERNATIONAL STUDENT: ___ YES ___ NO

EMAIL: _____

Email will be the primary form of communication. You can provide two addresses if desired. Please print clearly

HOME PHONE: _____ CELL PHONE: _____

NAME OF YOUR DANCE SCHOOL: _____

YEARS OF TRAINING: _____

YEARS ON POINTE: _____

PROGRAMS

Three Weeks Summer Intensive

July 8th - July 26th from 10:00 am to 5:00 pm - \$1,200

REQUIRED ADMISSION DOCUMENTS

Below is the list of documents that **must be submitted** prior to attending TCB's Summer Intensive:

- EMERGENCY NOTIFICATION
- NOTICE REGARDING INSURANCE COVERAGE
- HEALTH INSURANCE INFORMATION
- RELEASE REGARDING DISPENSING OF MEDICATIONS
- MEDICAL RELEASE FORM
- PARENTAL PERMISSIONS
- TRANSPORTATION AUTHORIZATION and UNSUPERVISED FIELD TRIPS –

CONSENT TO PARTICIPATE

- SIGNATURE VERIFICATION FORM

You have two options for completing the following **Summer Intensive Application Forms**:

1. Submitting them electronically via email to info@tampacityballet.org **no later than May 17th, 2024**. Please fill in all required information and signatures and attach them to your email with subject line reading "REQUIRED INTENSIVE DOCUMENTS".
2. Print and fill out the information. Once completed, please mail, email or personally hand the **Required Admission Documents** to:

Tampa City Ballet: 15367 Amberly Dr., Tampa, FL 33647

By signing the **Signature Verification** document provided and returning the original copy to TAMPA CITY BALLET, the student and his or her parent(s)/guardian verify that:

1. They have read each of the following documents.
2. They have accurately and truthfully provided any and all requested information in each of the following documents: and
3. They understand, accept, agree with, agree to comply with, and agree to be bound by the information, terms, and/or conditions provided or set forth in each of the following documents.

THE SIGNATURE VERIFICATION FORM MUST BE SIGNED AND COMPLETED IN ORDER TO CONFIRM THAT YOU HAVE READ AND AGREED TO ALL INFORMATION PROVIDED, AND THAT ALL STUDENT INFORMATION SUBMITTED IS COMPLETELY ACCURATE AND TRUE.

Parent Signature

Student Signature

IN CASE OF EMERGENCY, PLEASE NOTIFY TO:

Name: _____

Relationship to student: _____

Telephone: _____

Work phone: _____

Email 1: _____

Email 2: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____

ALTERNATE CONTACT IF THE ABOVE PERSON CANNOT BE REACHED:

Name: _____

Relationship to student: _____

Telephone: _____

Email: _____

NOTICE REGARDING MEDICAL INSURANCE COVERAGE

While attending Tampa City Ballet Summer Intensive, all students are required to be enrolled in a health insurance program that is valid in the state of Florida (please check your policy) and provides adequate medical, surgical, and hospital insurance coverage.

Tampa City Ballet requires that health insurance for all **international students** includes a medical evacuation benefit of at least \$10,000 and a repatriation benefit of at least \$7,500.

All students are required to provide a copy of their health-insurance card to Tampa City Ballet. Under no circumstances will Tampa City Ballet be responsible for the payment of a student's medical bills.

The requested documents must be received prior to the student's arrival. *Documents in languages other than English must be accompanied by certified English translations.*

In addition to providing a copy of the health-insurance card, you must complete the *Medical Insurance and Medical Authorization Release* form.

I/We have read and understand the above requirements regarding health/medical insurance and have provided a copy of my child's medical insurance. Additionally, I/we understand that I/we must read, sign and have notarized the Medical Insurance and Medical Authorization Release form.

Student's name:

Parent's Signature: _____

RELEASE REGARDING DISPENSING OF MEDICATIONS

The following acknowledgement and permissions are required so that staff may manage and dispense both non-prescription ('over-the-counter') and prescription (controlled) medications to your child, if and when requested or necessary.

Please enter your child's name: _____

- 1. I/we hereby acknowledge that Tampa City Ballet do not have a medically trained and licensed staff person who is responsible for the on-site, medical care of the students.**
- 2. I/we hereby grant permission for Tampa City Ballet staff to dispense any of the non-prescription medication to my/our child, if and when requested or deemed appropriate, with the following exceptions (if any):**
- 3. I/we hereby grant permission for Tampa City Ballet staff to store and dispense my/our child's prescription medications.**

SELF-ADMINISTERED PRESCRIPTION MEDICATIONS

In certain limited situations, students may be permitted to store and self-administer prescription medications where there is a medical need that such medications be immediately available, such as asthma medications and inhalers; anaphylaxis medication (epinephrine injector); and diabetes medication and monitoring equipment.

If the above paragraph applies to you or to your child, please enter his/her name below:

I/we hereby request that my/our child be granted permission to store, maintain and self-administer the prescription medications listed below. We have clearly instructed our child that he/she may not, at any time or under any circumstances, make any of his/her prescription medications available to another student.

Parent's Signature: _____

List name(s) of required self-administered prescription medications:

MEDICAL RELEASE Hold Harmless/Liability Agreement

Realizing that my child's or my participation in dance lessons at Tampa City Ballet involves physical activities, the nature of which might result in injury to me/my child, I, the undersigned parent/guardian, give my full permission for my child to register and participate in dance lessons at Tampa City Ballet Summer Programs, and hereby release and hold harmless Tampa City Ballet, its affiliates, assignees, contractors, lessees, and personnel from any and all liability for any injuries or illnesses or the loss and/or damage to any personal property that I/my child might incur during the production and/or class sessions, whether or not such injury or loss results from Tampa City Ballet or its employees. It is also understood that performing arts instruction involves corrections that may include physically touching the student as part of regular class work and rehearsals.

Parent/Guardian Signature: _____ Date: _____

Consent to Medical Treatment:

In an emergency, when parental permission is not available, we hereby give our permission for a staff member of Tampa City Ballet to consent to medical treatment of our child and/or ward.

Parent/Guardian Signature: _____ Date: _____

DRIVING PERMISSION

PARENTAL PERMISSIONS

Students require parental permission to ride in vehicles driven by persons other than Tampa City Ballet staff members. If there are friends or family members to whom you wish to give permission to transport your child, please identify them below:

Name: _____

Relationship: _____ Telephone: _____

Name: _____

Relationship: _____ Telephone: _____

OVERNIGHT PERMISSION (International Students)

Students require parental permission to stay overnight with friends or relatives. If there are friends or family members to whom you wish to give permission for your child to visit overnight, please identify them below.

Name: _____

Address: _____

Relationship: _____ Telephone: _____

Name: _____

Address: _____

Relationship: _____ Telephone: _____

PERMISSION PERTAINING TO OTHER TCB FAMILIES

- The student has permission to be transported in a vehicle with any TCB parent.

Yes No, please contact me first.

- The student has permission to visit overnight with any TCB family.

Yes No, please contact me first.

PARENTS WITH CHILDREN AGES 16 +

My child is over the age of 16 and has a valid Driver's License and will be driving.

- Yes, my child has permission to drive the following student(s)
- No, my child does not have permission to drive other students.
- No, my child is over 16, but does not have permission to drive.

TRANSPORTATION AUTHORIZATION

During the Summer Intensive, it might be necessary for your child to be transported in motor vehicles owned by Tampa City Ballet staff and faculty members. All Tampa City Ballet drivers are properly licensed. In addition, there may be instances where vehicles and drivers will be supplied to Tampa City Ballet by independent, third-party transportation companies. Tampa City Ballet requires authorization from you permitting your child to be transported in the vehicles and by the drivers mentioned above.

I/We, the parents of _____ hereby authorize Tampa City Ballet to provide motor-vehicle transportation for my/our child during Summer Intensive. We agree that the motor vehicles driven by any TCB staff or faculty member has a valid driver's license.

UNSUPERVISED FIELD TRIPS – CONSENT TO PARTICIPATE

Students attending the Summer Intensive are offered many opportunities to participate in field trips and extra-curricular activities. Many of these activities are organized and supervised directly by Tampa City Ballet representatives. A number of *unsupervised* activities will also be scheduled, however. In such situations, TCB's only role will be to provide transportation to and from the event or activity. This type of unsupervised activity includes, but may not be limited to, trips to shopping malls, restaurants, movies, beaches, and physical therapy facilities.

If you do not wish your child to be involved in certain unsupervised events or activities, it is your responsibility to instruct your child not to participate. In the event that your child does participate in an unsupervised field trip or extra-curricular activity arranged by the TCB, it will be presumed that you have consented to your child's participation in that activity.

SIGNATURE VERIFICATION FORM

By signing the **Signature Verification** document provided and returning the original copy to

TAMPA CITY BALLET, the student and his or her parent(s)/guardian verify that:

1. They have read each of the following documents.
2. They have accurately and truthfully provided any and all requested information in each of the following documents: and
3. They understand, accept, agree with, agree to comply with, and agree to be bound by the information, terms, and/or conditions provided or set forth in each of the following documents.

BY SIGNING THE SIGNATURE VERIFICATION FORM BELOW, YOU HAVE CONFIRMED THAT ALL INFORMATION PROVIDED IS ACCURATE AND TRUE AND THAT YOU UNDERSTAND ALL MATERIAL, TERMS AND CONDITIONS OF THE TAMPA CITY BALLET SUMMER INTENSIVE.

STUDENT NAME: _____

STUDENT SIGNATURE: _____

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE: _____

Office use only:

PAID ON: _____

Form of payment: ___ *Card* ___ *Cash* ___ *Check*. (*Check number:* _____)