



IDT: Island Dance Theatre presents

Intermediate Ballet

Classical Ballet instruction.

Winter 2012

Intermediate ballet instruction for dancers age 8 and up. Continue to build strong ballet vocabulary and technique, while gaining strength, flexibility, and musicality, with opportunities for student choreography. Burgundy Leotards required.

Kim Gallo has gone back to the tradition of color coded ballet leotards. Pink for Beginners, Burgundy for Intermediate and Black for Advanced and Pointe Students. Earn your colors.

Instructor: Kim Gallo

Session dates: January 9 to May 25, 2012

Ages: 8 and up

Days and Time: Mondays 4:00 PM to 5:25 PM
Fridays 4:00 PM to 5:25 PM

No Class January 16, February 20 & 24

Location: Ober Performance Room

Fee: \$400

Required: Burgundy Leotards required, Ballet shoes.

Questions? Contact Us!

(206) 463-9602 phone
(206) 463-9614 fax

www.vashonparkdistrict.org

17130 Vashon Hwy SW
P.O. Box 1608
Vashon Island, WA 98070

Office Hours:
8 a.m. to 4 p.m.,
Monday thru Friday

IMPORTANT! Registration packets without required signatures, payment, Reduced Fee and/or Payment Plan paperwork, if applicable, will **NOT be accepted** until all required documents are received. This will affect placement on the program roster.

PLEASE SEE ATTACHED PAGE FOR REGISTRATION



Vashon Park District

IDT
Interm
Ballet

Session dates: 1/9 -5/25
Time: 4:00 - 5:25
Location: Ober Park Performance Rm
Instructor: Kim Gallo

Days: Mon & Fri
Ages: 8 and Up
Fee: \$400
PP____ RFA_____

Payment Date: _____ Amt: _____ TYPE: _____ CC _____ CHK# _____ Cash _____ Web _____

Registration Information: Please complete side 1 and 2 of this form. If you have a **Park District** On-line Profile fill out the * lines on side 1 and **all** of side 2. Be Sure to **read** and **sign** all the waivers, disclaimers and releases on side 2.

- * Name of Participant: _____
- * Date of Birth: _____ Grade: _____ Age _____ Gender _____
- * Parent or guardian name: _____
- * E-mail: _____ I do not wish to Receive promotional e-mail

Stop! If you have registered for a park program in the last 6 months you do not need to fill out the below information. Please proceed to the waiver page.

Primary phone: _____

Secondary phone: _____ Other phone: _____

Mailing address: _____

Home address if different from above: _____

Emergency contact: _____

(Emergency contacts are **alternates** to the parent/guardian. List at least ONE.)

Phone: _____ Relation: _____

Emergency back-up contact: _____

Phone: _____ Relation: _____

I DO or DO NOT have any medical conditions.

Please list all medical conditions: _____

Doctor name: _____ Doctor phone: _____

Location: _____

How did you hear about this program? Newspaper Website Mass email Poster

School registration packet Word of mouth Billboard Repeat session Other

Yes! I want to spread my payment over the course of this Program. Please give me a **Payment Plan** form

Payment Plans are a contract promising to pay scheduled installments to be completed at the conclusion of this program.

Yes! I would like to apply for a **Reduced Fee Award**. Applications are available upon request in the VPD office. Proof of household income is required and valid for up to 6 months.

Yes! I want to **donate** to VPD's Reduced Fee Fund. Amount: \$ _____ Thank you!

Disclaimer, Release and Waivers

Vashon Park District Refunds & Cancellations: Refunds will be issued only if requested no fewer than 7 business days prior to program start date OR in the event of documented medical reason or significant family emergency. ALL refunds will be assessed a \$25 processing fee.

Disclaimer: In consideration of the Vashon Park District allowing my participation in this class, I hereby consent to such participation, acknowledging the risks involved and assuming all such risks. I agree to release, indemnify and hold the Vashon Park District, their commissioners, coaches, instructors, volunteers, organizers, agents and employees, harmless from and against any and all claims, actions, suits, losses, liability, costs, expenses, and damages of any nature whatsoever, including costs and attorneys fees in defense thereof, for injuries, sickness, or death, which are caused by, or arise out of my participation in any portion of the program or any activity incidental thereto, provided, that nothing herein requires me to release, indemnify or defend for injuries, sickness or death caused by or arising out of the sole negligence of the Vashon Park District, their commissioners, employees or agents.

Signature: _____ Date _____
(Parent/Guardian/Participant if 18+ years old signature)

Please print name _____

Photo Release:

I hereby give to Vashon Park District, its designees, agents, and assigns, perpetual, non-exclusive, royalty-free, and unlimited permission to use, publish and republish reproductions of my or my children's likeness (photographic or otherwise), with or without identification of me or them by name, in print, electronic, or any other medium, including but not limited to our web site and in any publicity or other materials.

Consent of parent or legal guardian if above individual is a minor

I consent and agree, individually and as a parent or legal guardian of the **minors name listed below**, to the foregoing terms and provisions.

1) _____ 2) _____ 3) _____

Signature of Parent or Legal Guardian

Date

Relationship to minor

Concussion Waiver:

I, _____, have read and understand the **Concussion Information sheet** provided by Vashon Park District and hereby release VPD, the VI School District, their employees, agents, volunteers, and designees from any liability related to my child suffering a Concussion/Head Injury while engaging in this activity. Parent/Guardian Initial _____

Mail completed form to: VASHON PARK DISTRICT, P.O. BOX 1608 Vashon, WA 98070 or

Place in the secure mail slot drop box on the north entrance of the District Office at Ober Park facing the parking lot or

Register online at www.vashonparkdistrict.org.