

# JOFFREY **B**ALLET **S**SCHOOL

FOUNDED BY ROBERT JOFFREY IN 1953

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## EMERGENCY CONTACT INFORMATION

Date: \_\_\_\_\_ Room #(this will be filled out at check in day) \_\_\_\_\_

Dancer Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Dancer Cell Phone: \_\_\_\_\_ Age as of June 9, 2014 \_\_\_\_\_

Friend(s) in Program Contact (optional): \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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I certify that all of the above is true and accurate. I understand that if I have provided false, misleading, or incomplete information the student may be immediately removed from the dormitory without refund of any fees.

Parent/Guardian Signature (if student under 18) or Student Signature (if over 18)

X \_\_\_\_\_

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## Parent/Dancer Initial Page

I understand that once this person checks out my child with a Resident Advisor, the Joffrey Ballet School assumes no responsibility for him/her until the child returns to the dorm.

**Parent Initial:** \_\_\_\_\_

I understand that if a parent or friend wants to check me out overnight, my parent/guardian must email and call for verbal consent at least 24 hours in advance, letting an RA know when and with whom I have permission to go.

**Parent Initial:** \_\_\_\_\_ **Dancer Initial:** \_\_\_\_\_

I have read the housing handbook. (Available on website after June 1<sup>st</sup>, 2014).

**Parent Initial:** \_\_\_\_\_ **Dancer Initial:** \_\_\_\_\_

### *Apartment/Dormitory Damages*

It is imperative that you do a thorough assessment of pre-existing damages in your room and apartment common space and report them to your Resident Advisor upon check-in. I understand that I will be fined for any damages to the apartment, including unreported pre-existing damages.

**Parent Initial:** \_\_\_\_\_ **Dancer Initial:** \_\_\_\_\_

I understand that if I do not check out properly (check out with an RA/Chaperone), I will be automatically assessed a \$150.00 cleaning fee. I understand that my child must be present for check out (Saturdays by 12pm). The only exception is on performance day at the end of the program, when I may check out for my child.

**Parent Initial:** \_\_\_\_\_ **Dancer Initial:** \_\_\_\_\_

I understand that the student's curfew cannot be extended according to Joffrey Ballet School policy.

**Parent Initial:** \_\_\_\_\_ **Dancer Initial:** \_\_\_\_\_

I read and understand the Bed Bug Information, and cooperate fully with the extermination procedures. (Additional document explains these protocols).

**Parent Initial:** \_\_\_\_\_ **Dancer Initial:** \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF MINOR  
AND RELEASE OF LIABILITY**

I/We, \_\_\_\_\_, residing at \_\_\_\_\_, represent that I am the lawful guardian of the child listed below and there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Member #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policyholder DOB: \_\_\_\_\_ Policyholder SS #: \_\_\_\_\_

Important Information (allergies, physical/mental pre-existing conditions, medications/supplements): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Misrepresentation or omittance in this form is cause for immediate dismissal from the dormitory, without refund.

**Authorization of Consent to Treatment of a Minor:**

I/We, the undersigned, parents/legal guardians of \_\_\_\_\_ (the "Minor"), a minor, do hereby authorize \_\_\_\_\_ (the "Agent"), on behalf of the undersigned, to consent to the surgical, dental and/or medical examination or treatment of the Minor. Such treatment may include, but is not limited to, the following: transportation by ambulance, examination, x-rays and other diagnostic procedures, any diagnoses, hospitalization, anesthesia, surgery, medication, and/or transfusion of blood or blood products. Agent may have access to any and all records, including, but not limited to, insurance records regarding any such services.

It is understood that this Authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid Agent to give specific consent to any and all such diagnoses, treatment, or hospital care which the physician or other care-giver may in the exercise of his/her best judgment may deem advisable.

This Authorization shall be effective beginning on \_\_\_\_\_ and ending on \_\_\_\_\_, unless sooner terminated in writing.

**Release and Indemnification:**

I/We, the undersigned, parents/legal guardians of the Minor, shall indemnify, hold harmless, assume liability for, and defend the Agent and Joffrey Ballet School, Center for American Dance, Inc., their affiliated entities, its owners, directors, officers, employees, and agents from and against any and all liability for personal injury, damages, costs and/or expenses, including but not limited to attorney's fees and costs, arising or resulting from the exercise of any powers granted under this Authorization.

\_\_\_\_\_  
Name and Relationship to Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Relationship to Minor

\_\_\_\_\_  
Date