

**2024 SUMMER INTENSIVE &  
SUMMER WORKSHOPS  
REGISTRATION FORM & DOCUMENTS**



**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:** \_\_\_\_\_

**YEARS OF TRAINING:** \_\_\_\_\_

**DATES AND PLANS ATTENDING**

**Three weeks summer intensive, July 8th-July 26th** \_\_\_\_\_

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**REQUIRED ADMISSION DOCUMENTS**

Below is the list of documents that **must be submitted** prior to attending ABS'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@americasballet.com](mailto:info@americasballet.com) **no later than May 19th**. Size is limited.  
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 School  
15367 Amberly Drive  
Tampa, FL 33647

**We prefer to receive the completed forms electronically via email.**

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

1. You have read each of the following documents;
2. You have accurately and truthfully provided any and all requested information in each of the following documents; and
3. You 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.**

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Parent Signature

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Student Signature

Please scroll down or turn the page to proceed.

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**EMERGENCY NOTIFICATION**

Student's name: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY TO:**

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Street Address: \_\_\_\_\_ City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**ALTERNATE CONTACT OF THE ABOVE PERSON CANNOT BE REACHED:**

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Street Address: \_\_\_\_\_ City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**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 School requires that health insurance for all **international students** includes a medical evacuation benefit.

All students are required to provide a copy of their health-insurance card to Tampa City Ballet School. Under no circumstances will Tampa City Ballet School 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: \_\_\_\_\_

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**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 TCBS does 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 TCBS 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 TCBS 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 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**MEDICAL RELEASE**

**Hold Harmless/Liability Agreement**

Realizing that my child's participation in dance lessons at Tampa City Ballet School 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 School, and hereby release and hold harmless America's Ballet School, 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 School 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 School to consent to medical treatment of our child and/or ward.

Parent/Guardian Signature: \_\_\_\_\_

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

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**PARENTAL PERMISSIONS**

Student's name: \_\_\_\_\_

**DRIVING PERMISSION**

Students require parental permission to ride in vehicles driven by persons other than TCBS 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:*

*Address:*

*Relationship:*

*Telephone:*

*Name:*

*Address:*

*Relationship:*

*Telephone:*



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**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 ABS FAMILIES**

My child has permission to be transported in a vehicle with any ABS parent.

Yes  No, please contact me first.

My child has permission to visit overnight with any TCBS 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.

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**TRANSPORTATION AUTHORIZATION**

During the Summer Intensive, it might be necessary for your child to be transported in motor vehicles owned by TCBS staff and faculty members. All TCBS drivers are properly licensed. In addition, there may be instances where vehicles and drivers will be supplied to TCBS by independent, third-party transportation companies. TCBS 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 TCBS to provide motor-vehicle transportation for my/our child during Summer Intensive. We agree that the motor vehicles driven by any TCBS 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 TCBS representatives. A number of *unsupervised* activities will also be scheduled, however. In such situations, TCBS'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 TCBS, it will be presumed that you have consented to your child's participation in that activity.

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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 MATERIALS, TERMS AND CONDITIONS OF THE TAMPA CITY BALLET SCHOOL SUMMER INTENSIVE AND SUMMER WORKSHOPS.**

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

STUDENT SIGNATURE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

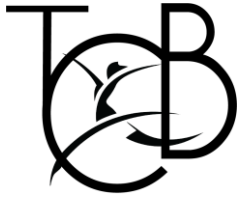
PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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*Office use only:*

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TAMPA CITY BALLET  
DANCE SCHOOL

**PAID ON:** \_\_\_\_\_

*Form of payment:* \_\_\_ *Card* \_\_\_ *Cash* \_\_\_ *Check*. (*Check number:* \_\_\_\_\_)