

Student Name: _____

Academic school student attends: _____ Grade: _____
 School Address: _____

Please list the phone number you wish to have listed in the student directory: (____)_____-_____
 I do not wish to be included in the student directory.
 Note: If a phone number is not listed, your name will not appear in the directory.

Previous ballet training — please list your most recent ballet training first and include any special summer study.
 Note: This includes returning CPYB students!

Name of school	City, State	Primary teachers	Years From - To	Number of Classes/Week	Level

Photos

Non-local residential students who are moving to Carlisle to study at CPYB must submit the following recent photos (exception: 2011 5-Week Summer Ballet Program attendees):

1. Head shot: Close-up, full face, preferably with hair up
2. Croisé Fourth in Relevé
3. Attitude Derrière Effacé

Note: For photos 2 and 3, females should be in leotard, light-colored tights, and en pointe if appropriate—**no skirts please**. Males should be in tights, t-shirt and ballet shoes.

Interested in a CPYB Scholarship?

Scholarship period effective September 1, 2011, through June 22, 2012.

- I have applied for financial assistance. The scholarship application is included in this packet on page 11. Please note that CPYB's work/study scholarship program is only available for partial tuition and that students are required to perform duties in and around studios if given a scholarship.

Students can only be considered for scholarship aid after they have pre-registered with a completed application and all required documents. Applications are due no later than noon on August 31, 2011. CPYB scholarships are in effect from September 1, 2011, through June 21, 2012.

Student Name: _____

PLEASE NOTE: Cash is NOT accepted as a form of payment. All payments MUST be via automatic credit card, bank draft or certified check. Exceptions will be made ONLY for Private and Open Class payment, which may be made by check.

Tuition Payment Agreement

I/we, the undersigned (Account Holder), hereby certify that the information contained herein is complete and accurate, and agree to pay Central Pennsylvania Youth Ballet (CPYB) for the dance instruction of the above student per the published tuition rates for the student's period of study. Account Holder assumes financial responsibility until CPYB is notified in writing.

Account Holder understands that payment of tuition entitles student to take all available ballet classes scheduled at his/her level or below, and that no refunds are given for classes missed due to illness, vacation, school closings, or acts of nature such as inclement weather.

Account Holder hereby fully guarantees and agrees that Account Holder shall be personally responsible, jointly and severally for the payment, by open account acceptance. Account Holder is also responsible for all other damages and costs which may be obligated to CPYB, including expense of collection, suit, or other legal action, actual attorney's and paralegal fees, late or administrative fees, and court costs.

This is intended to be, and shall be construed to be, an absolute, unconditional, present and continuing guaranty of payment. Account Holder agrees and gives full guaranty to be bound by the following Terms and Conditions:

- Balances are due on the first of the month.
- All accounts must be paid through a credit card automatic charge, bank draft, or certified check.
- Credit card authorization or bank draft returned for insufficient funds incur a \$35 transaction fee.

Account Holder hereby acknowledges that payment can be made by Visa, MasterCard, Discover, bank draft, or certified check.

Signature: _____ Date: _____

OFFICE USE ONLY
ID: _____

Student Name: _____

Central Pennsylvania Youth Ballet

5 North Orange Street, Suite 3

Carlisle, PA 17013-2727

717.245.1190

Regular monthly tuition fees must be paid by certified check, automatic charge with a credit card, or bank draft.

I agree to pay by certified check.

Signature: _____

I agree to pay by automatic credit card or bank draft.

CREDIT CARD/BANK DRAFT AUTO CHARGE AUTHORIZATION

- We accept Visa, MasterCard and Discover.
- Balances are due on the first of the month.
- Credit card or bank draft authorizations returned for insufficient funds incur a \$35 transaction fee.
- * **The annual registration fee and security fee will be automatically charged to the payer's account.**

By signing below, you authorize Central Pennsylvania Youth Ballet (CPYB) to make a monthly charge to your credit card/ bank draft on or about the first day of each month, as well as the annual registration fee and security fee. Applicable for 2011-2012 academic year, September 9, 2011, through June 22, 2012.

* CPYB will not sell/give your information to third parties.

WE DO NOT ACCEPT AMERICAN EXPRESS

Please print clearly

Credit Card

Card Number: _____

Expiration Date: _____ Security Code (three digit number on back of card): _____

Name as it appears on card: _____

Billing Address: _____

Billing City, State, Zip: _____

Phone: _____

Signature: _____

I authorize Central Pennsylvania Youth Ballet to charge my credit card or bank draft for my student to purchase private cards for the 2011-2012 academic year.
Signature: _____

Bank Draft

Name of Bank: _____

Routing Number: _____

Checking Account Number: _____ Name as it appears on account: _____

Signature: _____

Date: _____ Staff member initials: _____

NOTICE OF HEALTH CARE PRIVACY PRACTICES
CENTRAL PENNSYLVANIA YOUTH BALLET

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

I. We Have A Legal Duty To Safeguard Your Protected Health Information (PHI)

We are legally required to protect the privacy of health information that may reveal your identity. This information is commonly referred to as "protected health information," or "PHI" for short. It includes information that can be used to identify you that we have created or received about your past, present or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when and why we use and disclose your PHI.

With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice. You can also request a copy of this notice at any time from the contact person listed in Section V below, by calling our office.

II. How We May Use And Disclose Your Protected Health Information

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Below we describe the different categories of our uses and disclosures and give you some examples of each category.

As part of the enrollment process into either the academic or summer program of Central Pennsylvania Youth Ballet ("CPYB") you will be asked to sign a statement permitting CPYB and its staff to release your health information for purposes of Treatment and Health Care Operations. A description of each of these uses is described as follows:

A. Uses and Disclosures Relating to Treatment, Payment or Health Care Operations.

We may use and disclose your PHI for the following reasons:

1. **For treatment.** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care.
2. **Legal Compliance.** We may provide your PHI to our accountants, attorneys, consultants and others in order to make sure we're complying with the laws that affect us.
3. **Faculty.** We may provide your PHI to any member of the faculty involved in instructing you to ensure that the faculty member is aware of any limitations that you may have or medications that you may be taking in order to address any medical or health related issue that may arise during class time. The faculty member will be required to maintain the confidentiality of your PHI in accordance with the provisions of this policy.

B. Other Uses And Disclosures That Do Not Require Your Consent.

We may use and disclose your PHI without your consent or authorization for the following reasons:

- 1. When a disclosure is required by federal, state or local law, judicial or administrative proceedings or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence; or when ordered in a judicial or administrative proceeding.
- 2. For public health activities.** For example, we report information about various diseases to governmental officials in charge of collecting that information.
- 3. Victims of Abuse, Neglect or Domestic Violence.** We may release your PHI to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.
- 4. For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- 5. Emergency Situations.** We may use or disclose your PHI if you need emergency treatment, but we are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.
- 6. Communication Barriers.** We may use or disclose your PHI if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.
- 7. Product Monitoring, Repair and Recall.** We may disclose your information to a person or company that is required by the Food and Drug Administration to: (1) report or track product defects or problems; (2) repair, replace or recall defective or dangerous products; or (3) monitor the performance of a product after it has been approved for use by the general public.
- 8. Lawsuits and Disputes.** We may disclose your PHI if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.
- 9. Law Enforcement.** We may disclose your PHI to law enforcement officials for any of the following reasons:
 - To comply with court orders or laws that we are required to follow;
 - To assist law enforcement officers with identifying or locating a suspect, fugitive, witness or missing person;
 - If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your consent because of any emergency or your incapacity; (2) law enforcement officials need the information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
 - If necessary to report a crime that occurred on our property; or
 - If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

10. **Coroners, Medical Examiners and Funeral Directors.** In the unfortunate event of your death, we may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

11. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

12. For specific government functions. We may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

13. **Incidental Disclosures.** While we will take reasonable steps to safeguard the privacy of your PHI, certain disclosures of your PHI may occur during, or as an unavoidable result of our otherwise permissible uses or disclosures of your health information.

14. **Disclosures to family, friends or others.** We may provide your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or part. The opportunity to consent may be obtained retroactively in emergency situations.

C. All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in section II A and B above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any actions relying on the authorization).

III. What Rights You Have Regarding Your PHI

You have the following rights with respect to your PHI:

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

B. The Right to Choose How We Send PHI to You. You have the right to ask that we send information to you to an alternate address or by alternate means. We must agree to your request so long as we can easily provide it to the location and in the format you request.

C. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. We will respond to you within 10 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the associated cost in advance.

If you request copies of your PHI, we may charge you a fee for each page. We will respond to your request within 30 days after receiving your written request. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the associated cost in advance.

D. The Right to Get a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already been informed of, such as those made for treatment, payment or health care operations, directly to you, to your family, or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel or before the effective date of this policy.

Your request must state a time period for the disclosures you want us to include. We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years (with the oldest date being the effective date of this policy) unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same calendar year, we will charge you for each additional request.

E. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it and tell others that need to know about the change to your PHI.

IV. How To Complain About Our Privacy Practices. If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section V below. You also may send a written complaint to the United States Secretary of the Department of Health and Human Services.

We will take no retaliatory action against you if you file a complaint about our privacy practices.

V. Person To Contact For Information About This Notice Or To Complain About Our Privacy Practices.

If you have any questions about this notice or any complaints about our privacy practices, please contact either the Executive Director or Registrar for CPYB.

VI. Effective Date Of This Notice This notice is effective as of June 12, 2009

I acknowledge that I have received and read this policy and I understand the terms of this policy above:

Student Signature

Parent or Guardian Signature if student
is under the age of 18

Print Name

Print Name of Parent or Guardian if student
is under the age of 18

Date: _____

**** Please return this page ONLY with the completed application. Keep pages 5-8 for your records.**

CPYB Scholarship Application

**PLEASE RETURN THIS FORM WITH COMPLETED REGISTRATION FORM AND REQUIRED DOCUMENTS TO THE CPYB OFFICE NO LATER THAN
NOON ON AUGUST 31, 2011**

CPYB is pleased to offer scholarships to qualified academic year students. The Changing Lives Scholarship is a financial need-based, work/study scholarship program ensuring broad-based accessibility to world-class ballet training regardless of financial resources. Those who wish to be considered for CPYB scholarship aid must complete this form and attach copies of the appropriate federal tax forms as listed below.

Pre-registration to CPYB's 2011-2012 academic program is required for scholarship consideration.

Forms that are not complete, are missing the attachments or submitted after the deadline will not be considered by the scholarship committee. NO EXCEPTIONS.

Please print clearly:

Name of Student: _____ Age: _____

Person to receive notification of Scholarship. Notification will be sent via e-mail. Please provide two (2) valid e-mail addresses.

Parent(s)/Legal Guardian(s): _____

E-mail: _____

Alternate E-mail: _____

I do not have e-mail, please use this address: _____

YOU MUST attach copies of federal income tax forms (1040, 1040A or 1040EZ, etc.) for the financially responsible person, e.g. parent(s), guardian(s), or student. These forms must be from the 2010 tax year (filed in 2011). Do not submit schedules; only pages 1 and 2.

Explain any unusual expenses or circumstances: _____

(Continue on back if necessary)

Scholarship Notes:

- Students receiving scholarship aid accept the responsibility of performing age-appropriate duties (mostly cleaning) around the studios. Tasks are assigned promptly after the scholarship award is given.
- Scholarship students are required to sign a contract upon acceptance of the scholarship. The contract requires attendance for the minimum recommended classes at the student's level, and an agreement to follow the rules of the school (including the Private Class Policy) and to perform the assigned tasks in a satisfactory manner through June 22, 2012. The contract also requires a commitment to perform in CPYB events as requested through June 2012. Failure to meet the contract commitments will result in loss of scholarship and repayment of scholarship funds.
- Scholarships take effect September 1, 2011, and end on June 22, 2012. The 5-Week Summer Ballet Program Scholarship application will be available in November 2011. There are no scholarships available for August Course.
- CPYB does not keep your tax information on file after the scholarship review process; your information is shredded and properly disposed of.

Student Name: _____

Liability Release

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that Central Pennsylvania Youth Ballet shall not be liable in any way for injuries sustained during attendance at the ballet school or any of its related functions. I also understand that good ballet training involves touching and adjustment of the student's body by the instructor.

Publicity Release

I hereby authorize Central Pennsylvania Youth Ballet (CPYB) to record the student's picture and voice on photographs, films, and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio, or television broadcast programs. I also give my permission for CPYB to use and license others to use these materials in any manner or media whatsoever. CPYB is permitted to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation were made by CPYB for such use.

Please submit Registration Form (with ALL PAGES completed), Tuition Payment Agreement, Medical Form, Health Care Privacy Acknowledgements, and Credit Card Auto Charge or Bank Draft Authorization prior to Wednesday, August 31, 2011.

Central Pennsylvania Youth Ballet
5 North Orange Street, Suite 3
Carlisle, PA 17013-2727

Phone: 717.245.1190 E-mail: info@cpyb.org Website: CPYB.org

Signature

I have read, understand, agree and signed the Notice of Health Care Privacy Practices, Liability Release, Publicity Release, Tuition Payment Agreement, and Medical Release. I have also submitted a copy of the FRONT and BACK of the student's medical insurance card or in person.

Signature (Must be a parent or guardian if student is under the age of 18)

Date

Print Name