

# Break the Barriers, Inc.

Õ where barriers are explored and broken; celebrating all levels of victories and achievements.

## Family Information

(Please Print)

Parent 1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent 2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

Student's First Name                      Last Name                      Date of Birth                      Age                      M/F

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

*I give my consent and approval for the above to participate in activities, programs, (T.V. , radio, video taping) and to be photographed as part of Break the Barriers, Inc. endeavor to explain their role of educating the public.*

Circle One: Yes No \_\_\_\_\_ Initial

**Waiver and Release From Liability:** To Break The Barriers, Inc., I hereby consent to the above named students participating in the programs, performances and classes that are conducted by or affiliated with Break the Barriers, Inc. I acknowledge that the programs, performances, and classes shall expose participants to certain risks, which include, but are not limited to: risks related to the associated physical activities, and other risks, some of which may not be specifically foreseeable. I certify that I am the parent or guardian of the participant identified above. I acknowledge that my child or ward's participation is voluntary and undertaken with full assumption of all risks associated with the programs, performances, and classes, including the risks listed above and all other risks that are not specifically listed above. This release is intended to discharge in advance Break the Barriers, Inc., and its officers, Board of Directors, Advisory Board Members, its employees, volunteers, and agents from and against any and all liability arise out of negligence or carelessness on the part of the entities and persons mentioned above. I hereby waive, release, and discharge on my child's or ward's behalf, and on behalf of his/her heirs, dependents, estate and any other representatives, including myself, any and all claims, which may exist or which may hereafter occur, against Break the Barriers, Inc., and its officers, Board of Directors, Advisory Board Members, its employees, volunteers, and agents for any injury, accident, illness, or death arising out of or in any way related to the programs, performances, and classes and other events that are sponsored or affiliated with Break the Barriers, Inc.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Medical Authorization**

Should it become necessary for my child, ward to have emergency medical treatment while participating in any activities associated or affiliated with Break the Barriers, Inc. (hereafter ðBTBö). I hereby authorize BTB personnel to use their judgment in obtaining emergency medical services. I further authorize any individual selected by BTB personnel to render such emergency medical treatment to my child, ward, as he/she may deem necessary and appropriate. I understand that BTB is not responsible for paying the medical or hospital costs that might be incurred on behalf of child, ward. Consequently, I understand and agree that any and all such costs shall be my sole responsibility.

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Signature of Parent/Guardian

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Emergency Contact (Outside of household)

Phone Number

**Rules Confirmation**

I have read and understand the rules at %Break the Barriers Inc.+ \_\_\_\_\_ Initial

.....  
I was referred by or learned about %Break the Barriers+from:

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I would like to be on the mailing list ( ) Yes ( ) No

**Grant Survey (Optional)**

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? \_\_\_\_\_

IS THIS A SINGLE PARENT HOUSEHOLD? YES \_\_\_\_ NO \_\_\_\_

IS THERE A DISABILITY IN THE HOUSEHOLD? YES \_\_\_\_ NO \_\_\_\_

FAMILY INCOME ó PLEASE CHECK ONE

- A. 0 TO \$15,000 \_\_\_\_\_
- B. \$15,001 TO \$20,000 \_\_\_\_\_
- C. \$20,001 TO \$25,000 \_\_\_\_\_
- D. \$25,001 TO \$30,000 \_\_\_\_\_
- E. \$30,001 TO \$35,000 \_\_\_\_\_
- F. \$35,001 TO \$40,000 \_\_\_\_\_
- G. \$40,001 TO \$45,000 \_\_\_\_\_
- H. \$45,001 TO \$50,000 \_\_\_\_\_
- I. \$50,001 TO \$60,000 \_\_\_\_\_
- J. \$60,001 TO \$70,000 \_\_\_\_\_
- K. \$70,001 TO \$80,000 \_\_\_\_\_
- L. \$80,001 AND HIGHER \_\_\_\_\_

**Break the Barriers, Inc.**  
8555 N. Cedar Avenue  
Fresno, CA 93720  
559-432-6292  
Fax: 559-432-5995

Account # \_\_\_\_\_  
Account Name \_\_\_\_\_

Day \_\_\_\_\_ Type \_\_\_\_\_ Time \_\_\_\_\_

**(Office use only)**

Students  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mo Day Yr

Relationship to Student / Check One

**Parent**  
 **Foster Parent with Exparte\***  
 **Legal Guardian with court papers\***

\*Please provide office with documents

Student's Race: (Please check)

Caucasian  
 Asian  
 African/American  
 Hispanic  
 Native American  
 Other

## HEALTH HISTORY AND MEDICAL INFORMATION

**Not aware of any medical problems**

Downs Syndrome ( ) yes ( ) no DS release on file \_\_\_\_\_  
Date

Atlanto-axial instability by x-ray ( ) yes ( ) no

Paralysis ( ) Yes ( ) No Explain \_\_\_\_\_

Autism Spectrum \_\_\_\_\_

Asthma/RAD \_\_\_\_\_

Bleeding Issues \_\_\_\_\_

Bone/Joint Problems \_\_\_\_\_

Diabetes \_\_\_\_\_

Epilepsy \_\_\_\_\_

Fainting Spells \_\_\_\_\_

Head Injury \_\_\_\_\_

Hearing Difficulty \_\_\_\_\_

Heat Issues \_\_\_\_\_

Hypothermia \_\_\_\_\_

Hernia \_\_\_\_\_

Heart condition \_\_\_\_\_

Kidney Problems \_\_\_\_\_

Severe Allergy \_\_\_\_\_

Serious Accident \_\_\_\_\_ Date \_\_\_\_\_

Tuberculosis \_\_\_\_\_

Serious Illness \_\_\_\_\_ Date \_\_\_\_\_

Vision Difficulty \_\_\_\_\_

Recent Contagious Disease \_\_\_\_\_

Hepatitis \_\_\_\_\_

Medical Excuse for Physical Education \_\_\_\_\_

Spina Bifida \_\_\_\_\_ Shunt ( ) Yes ( ) No

Posttraumatic Stress Disorder (PTSD) \_\_\_\_\_

Cerebral Palsy \_\_\_\_\_

Traumatic Brain Injury (TBI) \_\_\_\_\_

Touretts Syndrome \_\_\_\_\_

Emotional/Behavior Disorder \_\_\_\_\_

Anxiety Disorder \_\_\_\_\_

Social/Emotional issues \_\_\_\_\_

Sensory Processing Disorder \_\_\_\_\_

G-Tube \_\_\_\_\_

Disability other than above \_\_\_\_\_

Other information \_\_\_\_\_

Explain any of the above \_\_\_\_\_

Doctors Release on File \_\_\_\_\_ Date \_\_\_\_\_

List any medications taken regularly and any special instructions regarding medical treatment:

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

## Break the Barriers, Inc.

We thank you for being here and hope that you experience many broken barriers!  
We love to celebrate all levels of victories and achievements.

### **Payment Information**

Please read carefully – Revised January 19, 2021

- **NO Refunds or Credits on fees paid**
- Monthly fees are due ***BEFORE*** or by the first day of each month.  
Fees paid after the 1<sup>st</sup> are considered late and a **\$10.00** late fee will be charged.
- Students will be dropped from class if payment has not been received and the office has not been contacted for payment arrangements.
- Payments can be made over the phone using Visa or MasterCard. Payments may also be set up through your online banking and checks will be sent to BTB each month. *There will be a \$25.00 service charge for all returned checks. Only cash will be accepted to clear a returned check.*
- All students in monthly classes must give a **two week** notice that they are dropping their class. Students have the option of finishing out the current month or stopping the date of the notice with ***No Credit*** to their account.  
**There are no refunds or credits on fees paid for students enrolled in semester or session classes.**
- **Due to our large number of students and limited availability – BTB is not able to accommodate make-ups for classes missed.**

Break the Barriers is a Non-Profit Corporation and we need to keep our classes full so that we can retain our staff and accommodate our waiting lists.

BTB does not charge more for the months with five weeks. Those extra days of classes are traded for the major holidays that BTB is closed. BTB is closed one week for Spring Break, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving week and one to two weeks in December for Winter Break. We remain open for most Monday holidays, including President's birthdays, Veteran's Day and Martin Luther King's birthday.

## DRESS CODE

**Break the Barriers is a non-profit corporation with a very large outreach to all abilities and body types. We have a strict dress code that is welcoming to everyone.**

1. Students need to wear proper attire that will not restrict movement.
2. Clean bare feet are okay in gymnastics.
3. Shorts or sweats and fitted T-shirts are best for boys.
4. Unitards or Biker shorts and tank shirts or fitted T-shirts are best for girls\*
5. **\*ABSOLUTELY NO TUMMIES CAN BE SEEN, NO LOW-CUT SHIRTS (FRONT OR OR BACK, NO SPAGHETTI STRAPS. TANK SHIRTS MUST BE AT LEAST 1 INCH WIDE AT SHOULDER STRAP. SHORTS OR UNITARDS MUST HAVE A 6 INCH INSEAM. BIKER SHORTS WITH A 6 INCH INSEAM MAY BE WORN UNDER SHORTS THAT DO NOT HAVE A 6 INCH INSEAM.**
6. Ballet attire – black leotard, pink tights and pink ballet slippers.
7. Boys and other dance styles – please check with instructor for dance attire.
8. Ballet, Tap or Jazz shoe is a MUST for dance (check with instructor for the best shoe for the particular style of dance).
9. Clean bare feet for Martial Arts.
10. Martial Arts uniforms are required by the first belt test. See MA Director if you have questions.
11. NO gum!
12. Long hair needs to be tied back – NO EXCEPTIONS!
13. NO jewelry, NO belts, NO hard sole shoes (except tap shoes for dance classes).

## DEPARTMENT AREAS

1. **NO FOOD in the facility**
2. No latex balloons in the facility
3. NO horseplay in any area of the facility. NO running! NO fighting! NO ball throwing!
4. NO Heelies!
5. Non-students MUST be supervised by an adult at all times and NEVER LEFT UNATTENDED at Break the Barriers.
6. Non-students are not allowed in the activity areas. All apparatus is OFF LIMITS to non-students. Please help us provide a safe environment. Please notify BTB Staff immediately if an injury occurs.
7. Parents are allowed in the activity areas to assist the instructors in helping their children feel more comfortable with completed liability release.
8. We welcome children with various needs. To keep our classes running smoothly, you as a parent may be asked to come out onto the activity area to assist the instructors. Feel free to come out at any time if you see a need! ***We want this to be the best experience for everyone!*** Scholarship applications are available in the office.

**TOGETHER WE CAN BREAK MANY BARRIERS!**

Please feel free to call us at any time if you have questions!

**559-432-6292**

Office Hours:

Monday – Thursday 8:30am – 7:15pm

Friday 8:30am-6:15pm

Saturday 8:30am-12:15pm

Revised 1/19/21

Phones go off- service one half hour before office closes