

**SUMMER BALLET PROGRAM 2017**

**STUDENT REGISTRATION FORM**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Mother/ Legal Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father/ Legal Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

In case of emergency, please list a contact person:

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How many years of previous ballet training? \_\_\_\_\_ School \_\_\_\_\_ Pointe? \_\_\_\_\_

**If your child has any allergies or other health concerns, please write on a back side of this registration form any information the instructor should know.**

For Intensive Program: Class Level \_\_\_\_\_ Number of Week \_\_\_\_\_

1	2	3	4	5	6	7
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Total weeks \_\_\_\_\_ Tuition amount \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

For Ongoing Summer Classes: Class Level \_\_\_\_\_ Day(s) of Week and Time \_\_\_\_\_

\_\_\_\_\_

1	2	3	4	5	6	7
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Total weeks \_\_\_\_\_ Tuition amount \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

**Tuition is due on the First Class of the summer ballet program. The program starts July 3rd, 2017.**

The Undersigned parent/student indemnifies and holds Harmless Academy of Russian Classical Ballet and it's agents, from liability whatsoever for any damages or injuries, and from any all claims and demands, including attorney fees, arising out of the party's participation in dance lessons and performances provided by Academy of Russian Classical Ballet. I understand that all payments are not-refundable. No refunds are given for classes missed. I understand Academy of Russian Classical Ballet has the right to change schedules, instructors, policies and/or rates at any time and it is my responsibility to come into the office to stay current on all tuition payments, information and posted changes. I have read the above and understand the terms and conditions of this registration form. I agree to become familiar with and comply with the dress code, policies and rules of Academy of Russian Classical Ballet. I give my permission for my child to be photographed/ videotaped and to allow Academy of Russian Classical Ballet to release said photos/videos for publicity and fundraising purposes.

Signature (Parent/Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_