

SUMMER BALLET PROGRAM 2024

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: Levels D, D*, E, F, and G

Class Level _____ Week #

1 st	2 nd	3 rd	4 th	5 th	6 th
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 Total Number of Weeks _____

Tuition amount _____ Check # _____ Date _____

FOR ONGOING SUMMER CLASSES: Available for all levels

Class Level _____ Day(s) of Week and Time _____

Week #

1 st	2 nd	3 rd	4 th	5 th	6 th
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 Total Number of Weeks _____

Tuition amount _____ Check # _____ Date _____

Tuition is due at the time of registration for the summer ballet program. The program starts July 8, 2024.

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 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 _____