

YOUNG DANCER SUMMER CAMP 2025

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 _____

If your child has any allergies or other health concerns, please write below or attach a separate sheet with any information the instructor should know _____

Session I: June 23-27 _____

Session II: June 30 - July 4 _____

Camp Fees _____

Check # _____

Date _____

Fee is due at the time of registration for the summer ballet camp.

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, camps, 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 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 of Parent/Guardian _____ Name Printed _____ Date _____