

CLASSICAL BALLET THEATRE

2017 DISCOVER DANCE: SUMMER DANCE CAMP Registration Form

Office Use Only
Date _____
Total Tuition _____
Balance Due June 1 _____

Please print legibly and provide a registration form for each individual student.

Students Name _____ Date of Birth _____ Age _____ Gender F / M

Home Phone _____ E-Mail (Parents) _____

E-Mail (Upper Division Dancers) _____

Address _____ City _____ State _____ Zip _____

Name of Academic School _____ Grade _____

Mother/Parent/Guardian #1 _____ Father/Parent/Guardian #2 _____

Work Phone # _____ Cell Phone# _____ Work Phone # _____ Cell Phone # _____

Emergency Contact (if different from parent's cell phones) Name _____ Phone # _____

Medical Condition/Allergies: _____

Classical Ballet Theatre will NOT release any of the above information to anyone outside of the studio without your permission.

For New Students Only: Previously trained with _____ # or years: _____

How did you find Classical Ballet Theatre? (e.g. web, friend, performance) _____

2017 DISCOVER DANCE: SUMMER DANCE CAMP WEEK REQUEST

Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____ Week 5 _____

\$550 per week x number of weeks = Total Tuition

Payment may be made by cash or check to CBT. Credit Card payments will be assessed an extra \$5 charge. Balance due by June 1, 2017.
NO REFUNDS.

Photo Permission

Occasionally we like to use student's photographs from classes or performances in our brochures, flyers, or on the web site. Please sign below if you give us your permission to use your child's photograph.

I give Classical Ballet Theatre permission to use my daughter/son's photograph(s) in publications and/or on the website.

Student Name _____ Parent /Guardian Signature _____

2017 Liability Waiver/Release

Must be signed for student to participate in classes and performances. Please read carefully before signing.

I _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including, but not limited to, serious physical injury. The participant hereby agrees to participate in activities of the Classical Ballet Theatre and hereby agrees to indemnify and hold harmless Classical Ballet Theatre, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of the Classical Ballet Theatre. The participant also agrees to indemnify Classical Ballet Theatre for any damages incurred arising from any claims, demand, action or course of action by the participant.

The participant authorizes any representative of Classical Ballet Theatre to have the participant treated in any medical emergency during their participation in activities of the Classical Ballet Theatre. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

This signed registration also confirms that the parent's/students agree to uphold all outlined policies and procedures.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE. ADDITIONALLY, I HAVE READ AND AGREE TO ABIDE BY ALL STUDIO POLICIES AND PROCEDURES.

Signature of Parent/Guardian of all students under 18

Date