

# CLASSICAL BALLET THEATRE

## 2017 Summer Intensive Registration Form

Office Use Only	
Date	_____
Total Tuition	_____
50% Due May 1	_____
Balance Due June 2	_____

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 Summer Intensive (Check Requested Weeks)

**Week 1** \_\_\_\_\_ 6/26-6/30 **Week 2** \_\_\_\_\_ 7/3-7/7 **Week 3** \_\_\_\_\_ 7/10-7/14 **Week 4** \_\_\_\_\_ 7/17-7/21 **Week 5** \_\_\_\_\_ 7/24-7/28

\$650 per week x Total Number of weeks = Total Tuition

Payment may be made by cash or check to CBT. 50% deposit due with registration by May 1, 2017, balance due by June 2, 2017. Credit Card payments will be assessed and extra \$5 charge. 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