



# BALLET ARTS STUDIO

## REGISTRATION for BALLET INTENSIVES, Aug. 10 – 14 and/or Aug. 17 - 21

Student Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Parents' Names \_\_\_\_\_

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

PHONE: (Home) \_\_\_\_\_ Cell (Mom) \_\_\_\_\_

Email \_\_\_\_\_ Cell (Dad) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Tuition, due by July 10<sup>th</sup>: \$375, or \$700 for both weeks      Mail signed form and deposit to:

Intensive dates: August 10 through 14      Ballet Arts Studio, 107 Teller Ave., Beacon, NY 12508

August 17 through 21 (Circle week attending, or both, if you will be attending both weeks)

**New Students:** How did you hear about the studio? \_\_\_\_\_

List prior dance experience below:      Number of years on pointe? \_\_\_\_\_

Class ( <i>Ballet, Modern, Jazz, etc . . .</i> )	Name of School/Teacher	Year(s)	Days per Week
1.			
2.			
3.			
4.			
5.			

### **Please Read and Sign**

I hereby release Alex Bloomstein, Ballet Arts Studio, LLC, The Dutchess Dance Company and The Young People's Performance Company, Inc., and all employees, independent contractors, agents, and assigns (the "Studio") from any liability that may arise out of my child's participation in any classes, workshops or events, or arise out of being at the studio at any time. I acknowledge that a doctor should be consulted prior to commencing an exercise or dance program, and I state that my child is free of any injury or ailment that prevents my child from engaging in the Studio's classes and/or programs.

I grant the Studio permission to use my child's photograph, and/or any electronic media or video taken while participating in any activities at the Studio. I hereby release the Studio from all claims ensuing from or in connection with the use of the photographs, electronic media and/or video, including, but not limited to, claims for libel, invasion of privacy and unauthorized use by others.

Signed on behalf of (please print STUDENT'S name) \_\_\_\_\_

Please circle one    PARENT    GUARDIAN    and sign: \_\_\_\_\_

Please print YOUR name: \_\_\_\_\_