

Central West Ballet Summer Dance 2023 Registration Form

Summer Registration: **\$20.00 per student** (non-refundable)

Check the Intensive that most aligns with your current dance level and age. Select the week(s) you want. **CWB will confirm your placement by email.**

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Children's Storybook Dance Camp • Elementary Dance Camp • Junior Dance Intensive • Pre-Prof Ballet Intensive | <p style="text-align: center;">() July 10-14</p> <p style="text-align: center;">() July 10-14</p> <p style="text-align: center;">() July 10-14</p> <p style="text-align: center;">() July 10-14</p> | <p style="text-align: center;">() July 24-27</p> <p style="text-align: center;">() July 17-21</p> <p style="text-align: center;">() July 17-21</p> <p style="text-align: center;">() June 17-21</p> |
|---|---|---|

EMAIL: _____
Where you wish to receive your confirmation

STUDENT NAME _____ **D.O.B** ____/____/____ **AGE** _____

PARENT/LEGAL GUARDIAN

Name _____

Billing Address _____

City _____ State _____ Zip _____

Best Phone _____

Current Dance School _____ Current Ballet Level _____

Years of Ballet _____

Years of Pre-Pointe or Pointe Study (if applicable) _____

Any *dance-related injuries or surgeries* in the last 3 years?

If yes, please explain _____

TUITION PAYMENT OPTIONS Check box that applies:

Deposit (non-refundable) Due June 15 & Full Tuition Due June 30, 2023

() Check/Cash/CC

() Authorize CWB to use my CC on file

() **I understand that placement in any Intensive is based on current technical ability and not by age**

RELEASE OF LIABILITY/HOLD HARMLESS

As the legal parent/guardian, I release and hold harmless Central West Ballet, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the student and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Central West Ballet, its owners and operators or in route to or from any of said premises.

() **I have read the above and agree**

MEDICAL EMERGENCY

The undersigned gives permission to Central West Ballet, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the student to be in good physical and mental health.

 Parent's Signature (for student 17 years and younger)

 Today's Date

| | | | |
|------------------------|---------------|------------|-------------------------|
| OFFICE USE ONLY | | | |
| \$20.00 Registration | Paid \$ _____ | Date _____ | Method of Payment _____ |
| Deposit | Paid \$ _____ | Date _____ | Method of Payment _____ |
| Tuition Amount | Paid \$ _____ | Date _____ | Method of Payment _____ |
| Total = | Paid \$ _____ | Date _____ | Method of Payment _____ |