



**2019 YOUNG DANCER SUMMER PROGRAM
REGISTRATION FORM**

Student Name _____

Male _____ Female _____ Date of Birth _____ Age (as of June 24, 2019) _____

Home Address _____

City _____ State _____ Zip _____

Primary Contact

Name _____

Relationship to Student _____ Cell Phone _____

Home Address (if different from above) _____

City _____ State _____ Zip _____

Email Address _____

Secondary Contact

Name _____

Relationship to Student _____ Cell Phone _____

Home Address (if different from above) _____

City _____ State _____ Zip _____

Email Address _____

PROGRAMS

BEAUTY & THE BEAST CAMP

9:15 – 10:45am

AGES 3 – 4: June 24 – June 28, \$115

AGES 5 – 6: July 8 – July 12, \$115

ALICE IN WONDERLAND CAMP

9:15 – 10:45am

AGES 3 – 4: July 15 – July 19, \$115

AGES 5 – 6: July 22 – July 26, \$115

ELEMENTARY BALLET CAMP

9:15 – 11:15am

AGES 6 – 7: July 29 – August 2, \$130

BALLET 1 CAMP

9:15 – 11:15am

AGES 8 – 9: July 29 – August 2, \$130

SUMMER PROGRAM T-SHIRT

T-shirt included in the program cost

_____ Small _____ Medium _____ Large _____ X-Large
(Children Sizes)

TUITION TOTAL

A \$15 registration fee is required for all students

\$ _____ + \$ 15 = \$ _____
Program Tuition Registration Fee Grand Total

METHOD OF PAYMENT (check all that apply)

Cash Enclosed Check, # _____ (payable to Grand Rapids Ballet School)

Credit Card

Cardholder's Name _____

CC Number _____ Exp. Date _____ Sec. Code _____

Cardholder's Signature _____ Billing Zip Code _____

INDEMNIFICATION AND RELEASE FORM

I, _____ am the parent of _____ ("Student"), who desires to attend a Grand Rapids Ballet School Summer Program. I understand that there is risk of injury inherent in the dance training and educational activities, and that the Grand Rapids Ballet and its directors, employees, agents and volunteers (collectively, "GRB") shall not be responsible for any injury or damages suffered by Student during his/her participation at GRBS.

INDEMNIFICATION

Furthermore, I hereby agree to indemnify and hold harmless the GRB for any loss, claim, damage, suit, costs, liabilities or expense including attorney's fees and court costs resulting from or arising out of any injury to any person or damage to property, caused by or incurred by Student whether caused in whole or in part by the negligence of the GRB, incurred as a result of or during the school year or any activities in connection with or related to the Grand Rapids Ballet School Summer Program, whether the result of Student's negligence or otherwise.

RELEASE

I hereby voluntarily waive and release any and all actions, claims, and demands for any damage, injury, and loss to person or property that may be sustained while Student participates in the Grand Rapids Ballet School Summer Program

PHOTOGRAPHY / VIDEOGRAPHY

I grant permission to GRB to use performance or in-class photography and video images of Student for promotional materials.

MEDICAL INFORMATION FORM

Are there any current and/or ongoing medical conditions that GRB should be aware of? ___Yes ___No (If yes, please explain):

Is the student receiving treatment, therapy or taking medication for an injury or medical condition? ___Yes ___No (If yes, please explain):

Student has allergies to the following:

Food _____

Medicine _____

Other _____

Signature of Parent/Guardian

Date