

Registration Form

Student Information

Dancer's Name _____
Male / Female (circle one) _____
Date of Birth _____
Address _____
City _____ State _____ Zip _____
Cell phone _____
Email address _____

Parent/Guardian Information

Parent/Legal Guardian's Name _____
Relationship to dancer _____
Address _____
City _____ State _____ Zip _____
Email address _____
Phones _____
Home _____ Work _____ Cell _____

Parent/Legal Guardian's Name _____
Relationship to dancer _____
Address _____
City _____ State _____ Zip _____
Email address _____
Phones _____
Home _____ Work _____ Cell _____

Contact Preferences

Preferred email for announcements _____

Preferred contact person for student issues _____

May we leave a message (check all that apply)

- email home voicemail work voicemail cell voicemail with someone at your home

To receive text messages regarding important or emergency school updates, check all numbers that should receive the text message updates:

- Student's Cell Mother's Cell Father's Cell

Swarthmore Ballet Theatre
Summer Intensive Program

June 24 – July 19, 2019

Tuition

| | |
|--|----------|
| <input checked="" type="checkbox"/> Check your selection | Tuition |
| <input type="checkbox"/> Week 1, June 24-28 | 400.00 |
| <input type="checkbox"/> Week 2, July 1-5 | 400.00 |
| <input type="checkbox"/> Week 3, July 8-12 | 400.00 |
| <input type="checkbox"/> Week 4, July 15-19 | 400.00 |
| <input type="checkbox"/> All 4 weeks, June 24 – July 19 | 1,500.00 |

| | |
|------------------------------|--|
| Tuition | |
| Family discount 5% | |
| Total paid with registration | |

tuition discount to 2 or more students in one family

Checks and money orders should be made payable to 'Swarthmore Ballet Theatre'. Cash is also accepted. \$400 minimum payment is due at registration; balance is due by June 10, 2019.

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Emergency Contact (Adult other than parent)

Emergency Contact's Name

Phone(s)

Relationship to dancer

Medical Release and Authorization

Known medical conditions

Physician's Name

Phone

Medical Insurance

Company Name

Phone

Policy Identification Number

Group Number

Subscriber's Name

Relationship to dancer

I am aware of the risk of physical injuries associated with dance, including the stresses on the body associated with repetitive exercise and movement. On behalf of the enrolled dancer, I assume these risks, and shall not hold the Swarthmore Ballet Theatre, its faculty or agents liable in any way for any injuries sustained while attending class or a school sponsored activity or performance from June 24, 2019 through July 19, 2019.

I also assume responsibility for the dancer's health during the course of this program. I will not allow the dancer to begin the program with a known injury, and I will notify the Director if the dancer's health status changes. I also assume responsibility for providing the dancer with healthy nutritional choices, to ensure she or he maintains proper energy levels for the physical demands of the program.

I will inform SBT of any relevant medical conditions, including known allergies and other physical limitations which might affect the dancer's safety or achievement. I have noted any medical conditions, allergies or limitations on my child's registration form. I also give my permission for the dancer to be treated for emergency medical care, if warranted. Every attempt will be made by the school to contact me regarding any such care.

I give Swarthmore Ballet Theatre Inc. and The Lori Ardis Ballet Company the right to use any photos or videos for promotion of the companies (newspapers, flyers, website, etc.). They will not be used for any other purpose.

Date

Signature (of parent/guardian if student is under 18 years of age)