

**Registration Form**

**Student Information**

Dancer's Name \_\_\_\_\_  
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:

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

**Swarthmore Ballet Theatre**  
**School Year Program**

**2020 – 2021 Session**

**Classes and Tuition**

Pre-Ballet Program — ages 3-7 (dancer's age on 9/1/20)

<input checked="" type="checkbox"/> Check your selection	Discounted Full Tuition	1/3 Tuition Payment Plan
<input type="checkbox"/> Creative Age 3	355.00	130.00
<input type="checkbox"/> Creative Age 4	355.00	130.00
<input type="checkbox"/> Creative Age 5	355.00	130.00
<input type="checkbox"/> Pre-Ballet Age 6	355.00	130.00
<input type="checkbox"/> Pre-Ballet Age 7	355.00	130.00

Classical Ballet Program

<input checked="" type="checkbox"/> Check your selection	Hours per Week	Discounted Full Tuition	1/3 Tuition Payment Plan
<input type="checkbox"/> Ballet Level I/II	2 hours	685.00	255.00
<input type="checkbox"/> Ballet Level III	3 hours	940.00	370.00
<input type="checkbox"/> Ballet Level III/IV	4.5 hours	1,360.00	495.00
<input type="checkbox"/> Ballet Level IV	6 hours	1,770.00	640.00
<input type="checkbox"/> Ballet Level V	4.5 hours	1,360.00	495.00
<input type="checkbox"/> Ballet Level VI	6 hours	1,770.00	640.00
<input type="checkbox"/> Ballet Level VII	7.5 hours	2,200.00	775.00
<input type="checkbox"/> Ballet Level VIII	9 hours	2,450.00	835.00
<input type="checkbox"/> Choreography	1 hour	355.00 *	130.00 *
<input type="checkbox"/> Boys Ballet	1 hour	free	free
<input type="checkbox"/> Partnering class **	½ hour	355.00	130.00

\* Choreography is free to students taking 6 or more hours of ballet classes a week at SBT

\*\* Partnering class is by invitation only

Classical Ballet Classes for Adults

<input checked="" type="checkbox"/> Check your selection	Hrs/Wk	Discounted Full Tuition	1/3 Tuition Payment Plan
<input type="checkbox"/> Adult Ballet – Mon Morning	1 hour	355.00	130.00
<input type="checkbox"/> Adult Ballet – Wed Morning	1 hour	355.00	130.00
<input type="checkbox"/> Adult Ballet – Tues Evening	1 hour	355.00	130.00
<input type="checkbox"/> 2 Adult Ballet classes/week	2 hours	685.00	260.00
<input type="checkbox"/> Adult Ballet – All adult classes	3 hours	955.00	375.00

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. Payments are due at registration. The second and third payments for the 1/3 Tuition Payment Plan are due by 11/12/20 and 2/12/21. Tuition is refundable (less \$50) only when Director is informed after first class and before second class.

**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 September 10, 2020 through May 7, 2021.

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 the 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.

You 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) \*

\* No signature is required when you submit the registration form on the SBT website and check the checkbox to agree to the Swarthmore Ballet Theatre Medical Release and Authorization.