

2012 MAB Summer Intensive - Registration

Please Print

Student's Name _____ Age _____ D/O/B _____

Address _____ City/State/Zip _____

Phone # _____ E-mail _____

Mother's Name _____ Phone # _____ Cell # _____

Father's Name _____ Phone # _____ Cell # _____

Emergency Contact _____ Relation to student _____

Phone # _____ Cell # _____

Please list any/all current/chronic injuries, medical conditions, and allergies preventing your child from participating in any strenuous physical indoor/outdoor activities:

Are you a new student at MAB? _____ If yes, please complete the following:
How many years have you studied: ballet? _____ modern? _____ jazz? _____ pointe? _____
Where? _____ How did you hear about MAB? _____

I would like to register for:

Intensive 1(10-13yrs, Levels D-F) July 9 – 13 _____ July 16 – 20 _____
Intensive 2 (13-18yrs, Levels F-I) July 23 – 27 _____ July 30 – Aug. 3 _____ Aug. 6 – 10 _____

Tuition Due: Intensive I _____ 1 week = \$270 _____ 2 weeks = \$510
Intensive II _____ 1 week = \$355 _____ 2 weeks = \$680 _____ 3 weeks = \$935

Total Tuition _____ Check enclosed _____ Cash enclosed _____

T-Shirt Size _____ Adult Extra Small _____ Adult Small _____ Adult Medium _____ Adult Large

Waiver and Release:

I understand that Mid-Atlantic Ballet may from time to time take photographs and/or videotapes of the student enrolled on this form and I authorize the Mid-Atlantic Ballet to use these photographs and videotapes for archival and publicity purposes.

Recognizing the risks of illness and injury inherent in any dance program, I am participating upon the express agreement and understand that I am hereby waiving and releasing Mid-Atlantic Ballet, it's employees and board of directors from any and all claims, costs, liabilities expenses or judgments, including attorney's fees and court costs arising out of my participation in Mid-Atlantic Ballet's programs or any illness or injury resulting there from, and thereby agree to indemnify and hold harmless Mid-Atlantic Ballet, it's employees, and board of directors from and against any and all claims except for illness or injury resulting from gross negligence or willful misconduct on the part of Mid-Atlantic Ballet. I hereby execute and deliver the Waiver and Release to induce Mid-Atlantic Ballet to permit me/my child to participate in its programs. I hereby grant the staff and /or board of directors permission to administer first aid help and/or call 911 in case of medical emergency while I am/my child is attending classes, rehearsals, and performances or events on or off-site. I understand that Mid-Atlantic Ballet will attempt to first notify parents and guardians in case of emergency.

I understand that the art of dance and nature of dance instruction may sometimes require a teacher to touch me/my child. I also understand that this will happen, in a caring, gently and appropriate manner.

Signature _____ Date _____

(Parent or legal guardian if student is under 18 years of age)

A deposit of \$50 per week is due with registration, by May1, 2012.

A refund or credit will only be issued in the event of a medical disability verified by a physician.

Payment in full for Intensive I is due by June 15, 2012. Payment in full for Intensive II is due by July 1, 2012..

Please return registration with payment to: Mid-Atlantic Ballet, P.O. Box 161, Newark, DE 19715