

## 2009 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:

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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 I July 13 – 17 \_\_\_\_\_ July 20 – 24 \_\_\_\_\_

Intensive II July 27 – 31 \_\_\_\_\_ Aug. 3 – 7 \_\_\_\_\_ Aug. 10 – 14 \_\_\_\_\_

Tuition Due: Intensive I \_\_\_\_\_ 1 week = \$240 \_\_\_\_\_ 2 weeks = \$460

Intensive II \_\_\_\_\_ 1 week = \$315 \_\_\_\_\_ 2 weeks = \$610 \_\_\_\_\_ 3 weeks = \$845

Total Tuition \_\_\_\_\_ Check enclosed \_\_\_\_\_ Cash enclosed \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ 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, its 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, its 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)

### Permission and Waiver for parents of students 11 years of age and older:

I hereby give my child permission to leave the premises during summer intensive at Mid-Atlantic Ballet. (Students will only be permitted to leave during lunchtime, in groups of 3 or more, after approval) I hereby accept full responsibility for this participation and waive and release all claims for damages against Mid-Atlantic Ballet and its agents or representative for any injuries or harm sustained by my child as result of this participation. By my signature, I acknowledge that I have read and understood the implications of this permission slip and waiver of responsibility.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

*A deposit of \$50 per week is due with registration, by April 20.*

*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 6/30/09. Payment in full for Intensive II is due 7/15/09.*

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