

MID-ATLANTIC BALLET 2009-10 STUDENT REGISTRATION
Please complete one registration form for each student

___NEW REGISTRATION ___RENEWAL MAB Level ___

Student Name _____ DOB ___/___/___

Father's Name _____ Mother's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone# _____ E-mail Address _____

Mom's Employer _____ Mom Work# _____ Mom Cell# _____

Dad's Employer _____ Dad Work# _____ Dad Cell# _____

Does your employer offer a matching gifts program? ___ Yes ___ No

Employer contact info for the matching program: _____

Emergency Contact Name _____ Phone # _____

New MAB Students: Where have you danced before? _____

How did you hear about MAB? _____

Please remember to sign and date the waiver and release form on the back of this sheet. Below please find the information necessary for the completion of your registration form:

ENROLLMENT FEE: This nonrefundable yearly fee of \$25 is for each student enrolled and covers MAB's costs associated with processing registration. The fee must accompany your registration and can be made via check, cash or VISA/Mastercard. *Please note that \$10 will be charged for each returned check.*

FAMILY DISCOUNTS: Offered to families with more than one student enrolled. A 10% tuition discount is offered for the second student, who is registered for the lesser number of hours. A 20% discount is offered for each additional student for the lesser number of hours.

TUITION REFUND POLICY: *NEW STUDENTS:* Within 15 days after your first class, if you're not satisfied with the quality of dance training provided by MAB, you may withdraw from classes and a refund will be issued for all classes not taken. *CONTINUING STUDENTS* will be issued a refund or credit only in the event of a medical disability verified by a physician.

CANCELLATION / MODIFICATION POLICY: A mid-year "open enrollment" period will be held in January at which time students will be allowed to increase or decrease their hours of enrollment and tuition adjustments will be made accordingly. Requests for adjustments at any other time must be made in writing to the Executive Director and are unlikely to be accompanied by a tuition rebate unless for medical reasons as stated above or extremely extenuating circumstances.

Please return this form by August 10th in person or by mail to: Mid-Atlantic Ballet, P.O. Box 161, Newark, DE 19715-0161.

WAIVER & RELEASE
This is required for each student

Student's Name: _____ Age: _____

1. I understand that Mid-Atlantic may, from time to time, photograph and/or videotape my child named above, and I hereby authorize Mid-Atlantic Ballet to use these photographs and videotapes for archival and publicity purposes only.

2. Recognizing the risks of illness and injury inherent in any dance program, I fully understand that I am hereby waiving and releasing of Mid-Atlantic Ballet, its employees and the Board of Directors from any and all claims, costs, liabilities, expenses, and/or judgments, including attorney's fees and court cases arising out of the participation of the above named student in Mid-Atlantic Ballet's programs, or any illness or injury resulting thereof, 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.

3. 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 and/or call 911 in case of a medical emergency while I am/my child is attending classes, rehearsals, and performances or events on- or off-site. I understand Mid-Atlantic Ballet will attempt to first notify parents and guardians in case of emergency.

4. 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, gentle, and appropriate manner.

I have read the above policy and have executed this waiver and release on (date) _____, 2009.

Parent's Signature: _____

Print Name: _____

SCHEDULE OF CLASSES (PLEASE MARK YOUR CHOICES):

Placement in all classes requires an evaluation by the artistic director. Levels A & B should attend once a week, Level C students should attend twice a week, Level D should attend three times a week, Level E should attend four times a week, Level F should attend four or five times a week, Levels G, H, & I should attend five times a week.

BALLET LEVEL	PLEASE MARK DESIRED CLASSES AND TOTAL THE CLASS HOURS:				
Ballet A	Tuesday 4:30-5:00pm	.50	___		
	Wednesday 4:30-5:00pm	.50	___	TOTAL HOURS=	
Ballet B	Monday 5:00-5:45pm	.75	___		
	Saturday 9:00-9:45am	.75	___	TOTAL HOURS=	
Ballet C	Monday 5:00-6:00pm	1.00	___		
	Wednesday 5:00-6:00pm	1.00	___		
	Saturday 9:00-10:00am	1.00	___	TOTAL HOURS=	
Ballet D	Monday 6:00-7:00pm	1.00	___		
	Wednesday 6:00-7:00pm	1.00	___		
	Friday 5:00-6:00pm	1.00	___		
	Saturday 10:00-11:00am	1.00	___		
	Pre-Pointe Saturday 11:00-11:30am	.50	___	TOTAL HOURS=	
Ballet E	Monday 6:00-7:00pm	1.00	___		
	W/Pre-Pointe Tuesday 5:00-6:30pm	1.50	___		
	W/Pre-Pointe Thursday 5:00-6:30pm	1.50	___		
	Friday 5:00-6:00pm	1.00	___		
	Saturday 10:00-11:00pm	1.00	___		
	Pre-Pointe Saturday 11:00-11:30pm	.50	___	Total Hours=	
Ballet F	Pointe Monday 7:00-9:00pm	2.00	___		
	Tuesday 5:00-6:30pm	1.50	___		
	Pointe Wednesday 5:00-7:00pm	2.00	___		
	Thursday 5:00-6:30pm	1.50	___		
	Friday 6:00-7:30pm	1.50	___		
	Jazz or Modern* Friday 7:30-8:30 pm	1.00	___		
	Pilates Saturday 11:00-11:45am	.75	___		
	Pointe Saturday 12:00-2:00pm	2.00	___	TOTAL HOURS=	
	Ballet G	Pointe Monday 7:00-9:00pm	2.00	___	
		Tuesday 6:30- 8:00pm	1.50	___	
Pointe Wednesday 5:00-7:00pm		2.00	___		
Thursday 6:30p- 8:00pm		1.50	___		
Friday 6:00-7:30pm		1.50	___		
Jazz or Modern* Friday 7:30-8:30pm		1.00	___		
Pilates Saturday 11:00-11:45am		.75	___		
Pointe Saturday 12:00-2:00pm		2.00	___	TOTAL HOURS=	
Ballet H/I		Pointe Monday 7:00-9:00pm	2.00	___	
		Tuesday 6:30-8:00pm	1.50	___	
	Pointe Wednesday 7:00-9:00pm	2.00	___		
	Contemporary Thursday 6:30-8:00pm	1.50	___		
	Pointe Friday 6:00-7:30pm	1.50	___		
	Jazz/Modern Friday 7:30-8:30pm	1.00	___		
	Pilates Saturday 11:00-11:45am	.75	___		
	Pointe Saturday 12:00-2:00pm	2.00	___	Total Hours=	
	TOTAL HOURS PER WEEK=				

***Prerequisite for Jazz/Modern- must take Ballet first**

NOTES: These dates and times are for the full year- September 8, 2009 to June 12, 2010 for a total of 36 weeks of instruction.