



2018 MAB Ballet Camp (Ages 4 to 9)
Registration Form – Please Print

Patrick Korstange - Artistic Director

Return this form with payment to:
Mid-Atlantic Ballet, P.O. Box 161, Newark, DE 19715
Phone: 302-266-6362 Email: dance@midatlanticballet.org

Student's Name: (First) _____ (Last) _____

Grade (2017-2018) _____ Academic School _____

Birthdate ____ / ____ / ____ Female Male

Address _____

City _____ State _____

Zip _____

Home Telephone _____

Email _____

Parent #1 or Guardian Name: _____ Relationship _____

Parent #1 or Guardian Telephone: Home _____ Cell _____ Work _____

Parent #2 or Guardian Name: _____ Relationship _____

Parent #2 or Guardian Telephone: Home _____ Cell _____ Work _____

Emergency Contact Name: _____ Relation to student: _____

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 did you hear about MAB? _____

T-Shirt Size _____ Child Small _____ Child Medium _____ Child Large _____



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Student's Name: _____

REGISTERING FOR WEEKS OF:

- | | | | |
|--------------------------|--------------------------|-------|------------------------|
| <input type="checkbox"/> | One Week Full Day..... | \$280 | Full Days 9 am – 4 pm |
| <input type="checkbox"/> | One Week Half Day..... | \$150 | Half Days 9 am – 12 pm |
| <input type="checkbox"/> | Two Week Full Day..... | \$500 | Full Days 9 am – 4 pm |
| <input type="checkbox"/> | Two Week Half Day..... | \$275 | Half Days 9am – 12 pm |
| <input type="checkbox"/> | Three Week Full Day..... | \$730 | Full Days 9 am – 4 pm |
| <input type="checkbox"/> | Three Week Half Day..... | \$350 | Half Days 9 am – 12 pm |

Please select weeks attending:

- June 18 - 22
- June 25 - 29
- July 30 – August 3

Reservations may be made by presenting payment of a non-refundable \$50 deposit. The remaining balance will be due no later than June 1, 2018. A refund or credit will only be issued in the event of a medical disability verified by a physician.

Before care is available upon request for both half/full day campers, 8 – 9 a.m., \$10 per session. After care is available upon request for full day campers only, 4 – 5 p.m., \$10 per session.

*Multiple Dancer Family Discount: For families with multiple children participating in a camp/intensive, the dancer with the highest registration fee would pay the full rate, all remaining sibling dancers receive 10% discount of applicable rate.

\$ _____ Full Tuition Amount

\$ _____ Before/After Care Amount, \$10 per session, total \$100 per week.

\$ - _____ Subtract \$20 if registering on or prior to April 15th.

\$ _____ Tuition Total

\$ - _____ Initial Payment Today's Date _____

\$ _____ Remaining Tuition Due by 6/1/18



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Student's Name: _____

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 an appropriate manner.

Parent Signature _____ Date _____