



2019 MAB Summer Intensive (Ages 10 and up)
Registration Form – Please Print

Sandra Davis - 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 (2018-2019) _____ 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: _____ Adult Extra Small _____ Adult Small _____ Adult Medium _____ Adult Large



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Page 2

Student's Name: _____

REGISTERING FOR WEEKS OF: Summer Intensive 1 - 9 am - 5 pm

- Two weeks \$720
One week \$390

Please select weeks attending:

- July 15 - July 26
July 22 - July 26

REGISTERING FOR WEEKS OF: Summer Intensive 2 - 9 am - 5 pm

- Two weeks \$720
One week \$390

Please select weeks attending:

- July 29- August 2
August 5 - August 9

** If your dancer would like to take a week of the Intensive 1 along with the two weeks of Intensive 2 the tuition price for 3 weeks is: \$860

Reservations may be made by presenting payment of a non-refundable \$50 deposit. The remaining balance will be due no later than June 8, 2019. A refund or credit will only be issued in the event of a medical disability verified by a physician.

*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
\$ - _____ Subtract \$20 if registering on or prior to April 13th.
\$ _____ Tuition Total
\$ - _____ Initial Payment Today's Date _____
\$ _____ Remaining Tuition Due by 6/8/19

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 _____

