



# 2021 MAB Summer Camp and Intensive Registration Form

(Please Print)

**Return this form with payment to:**  
**Mid-Atlantic Ballet, 7465 Lancaster Pike, Suite L, Hockessin, DE 19707**  
**Phone: 302-266-6362 Email: dance@midatlanticballet.org**

Student's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Grade (2020-2021) \_\_\_\_\_ 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  
 \_\_\_\_\_ Adult Extra Small \_\_\_\_\_ Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large



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Student's Name: \_\_\_\_\_

Please select the program you are registering for. If you are a new student, please contact Sandra Davis, Artistic Director, at [sandra@midatlanticballet.org](mailto:sandra@midatlanticballet.org) to discuss placement.

### Ballet Camp (levels Pre-Ballet, Beginner 1, and Beginner 2\* ages 4–9):

- July 12–16, 9 am–12 pm, in studio \$150
- July 12–16, 1 pm–4 pm, in studio \$150

### Summer Intensive I (levels Beginner 2\* and Intermediate 1, ages 10–13)

- July 19–23, 10 am–4 pm, in studio \$380
- July 19–23, 10 am–12:30 pm, Zoom \$130

### Summer Intensive II (levels Intermediate 2 and Advanced, ages 13+)

- July 26–30, 10 am–4 pm, in studio \$380
- July 26–30, 10 am–12:30 pm, Zoom \$130

\* Beginner II students may take Ballet Camp or Intensive I. If you are unsure about which to choose, please contact Sandra.

A \$50 non-refundable deposit is due upon registration. The remaining balance is due no later than June 11, 2021. A refund or credit will only be issued in the event of a medical disability verified by a physician.

\$ \_\_\_\_\_ Full Tuition Amount  
 \$ - \_\_\_\_\_ Camp: Subtract \$10 if registering by May 15  
 \$ - \_\_\_\_\_ Intensive in studio: Subtract \$20 if registering by May 15  
 \$ - \_\_\_\_\_ Intensive Zoom: Subtract \$10 if registering by May 15  
 \$ - \_\_\_\_\_ 10% sibling discount (if applicable)\*\*  
 \$ \_\_\_\_\_ Tuition Total  
 \$ - \_\_\_\_\_ Initial Payment      Today's Date \_\_\_\_\_  
 \$ \_\_\_\_\_ Remaining Tuition due by June 11, 2021

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

MAB reserves the right to cancel programs if a minimum registration number is not met.

### 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 \_\_\_\_\_