

FESTIVAL BALLET PROVIDENCE SCHOOL

Summer Dance 2017 Registration Form

Student Information

Student's Status: New Returning

Student's Name: _____

Home Phone: (____) _____

Address: _____

Work Phone: (____) _____

City: _____

Cell Phone: (____) _____

State: _____ Zip: _____

Sex: M ___ F ___ Academic Grade : _____

Date of Birth: ____/____/____ Age: _____

Name of Academic School: _____

This section to be filled out if the student is a minor:

Guardian 1 Name: _____

Guardian 2 Name : _____

Business Affiliation: _____

Business Affiliation : _____

Business Phone: (____) _____

Business Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Contact Information for Class Cancellations and Invoicing

Contact Name: _____

Phone: (____) _____

Contact Email: _____

Registration Information

Children Sessions:

- Session 1: June 12- June 30 (3 weeks)
- Session 2: July 3- July 21 (3 weeks)
- Session 3: July 24 – August 11 (3 weeks)
- Session 4: August 14 – September 1 (3 weeks)

Youth Sessions:

- Session 1Y: June 19 – July 7 (3 weeks)
- Session 2Y: July 10 – July 29 (3 weeks)
- Session 4: August 14 – September 1 (3 weeks)

Teen/Adult Sessions:

- Session 1: June 12- June 30 (3 weeks) **
- Session 2: July 3- July 21 (3 weeks) *
- Session 3: July 24 – August 11 (3 weeks) *
- Session 4: August 14 – September 1 (3 weeks) **

Summer Camps Session:

Session Camp: August 14 – August 18

- * Beginner & Intermediate classes
- ** Beginner, Intermediate and Advanced classes

List Each Class(es)/Camp Below

Day

Time

Session

(Please complete the second side)

Training Information

(if applicable)

Consecutive years of dance training: _____ Number of years on pointe (if applicable): _____

Number of classes per week: Ballet _____ Jazz _____ Modern _____ Other _____

Have you previously studied at Festival Ballet Providence? ___Yes ___No

If yes, list dates of study: _____

List school(s) and teacher(s) where you are presently studying: _____

Medical Information

Name of Policy Holder: _____

Health Plan/Insurance Company: _____ Policy Number: _____

Primary Care Physician: _____ Phone Number: (____) _____

Pertinent Medical Information (allergies, medications, etc): _____

Emergency Contact (other than guardians): _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

In the event that any serious injury shall occur involving the student, I wish for Festival Ballet Providence supervisory personnel to take appropriate steps to notify me immediately, but if I am inaccessible for any reason, I authorize whatever medical attention is deemed appropriate for the student.

Guardian Signature: _____ Date: _____

Registration Policies:

- **Registration for all classes and camps:** A non-refundable \$10 registration fee (waived if register before April 1, 2017).
- Checks deposited with insufficient funds will be subject to a \$25 fee.
- A minimum of 5 students must be registered for a class to be held. If we do not have full enrollment one week prior to camp and/or classes, we will notify you of class cancelation.
- There are no tuition refunds/credits on missed and/or dropped classes.

Agreement Statement:

I have read and I accept responsibility for all the above registration policies.

_____/_____/_____
Signature Date



Student Waiver

Student's Name _____

I, guardian of the above named student, hereby consent to the participation of the student in Festival Ballet Providence School Programs.

I am aware that all forms of dance and the rigorous exercises associated with it place unusual stresses on the body and carry with them the possible risk of physical injury. I assume this risk and agree that the Festival Ballet Providence Dance Programs, its staff, and the Festival Ballet Providence facilities shall not be liable in any way for injuries sustained during attendance in this program

Additionally, I have read the Festival Ballet School Handbook and understand all information pertaining to the training, curriculum, and financial and general policies of our school.

Student Signature: _____ date ____/____/____

Guardian Signature: _____ date ____/____/____

PHOTOGRAPHIC WAIVER

I hereby irrevocably consent to and authorize the use and reproduction by Festival Ballet Providence of any and all photographs, recordings, videotapes and/or other reproduction or likenesses of the student's person or characteristics (reproductions) which have been secured by or for Festival Ballet Providence, for any purpose whatsoever, without compensation to the student. All reproductions shall constitute the property of Festival Ballet Providence, solely and completely. Further, I assign and release all rights to said reproductions and authorize Festival Ballet Providence, or others authorized by it, to exhibit, broadcast, and/or distribute or otherwise further reproduce said newspapers, closed circuit television, web site, film, cable, and television, with or without compensation in perpetuity. I also release, discharge, and agree to hold harmless the producers or any persons, or entities acting under their permission or authority from any liability arising from the use of said reproductions.

I/we agree to the above stated waiver

I/we do not agree to the above stated waiver

Student Signature: _____ date ____/____/____

Guardian Signature: _____ date ____/____/____