

Office Use Only

Total Tuition \_\_\_\_\_  
50% Deposit Due by April 1 \_\_\_\_\_  
Balance Due by June 1 \_\_\_\_\_



Office Use Only

Date Received \_\_\_\_\_  
Payment type \_\_\_\_\_  
Program \_\_\_\_\_

### Summer Choreography Camp Registration Form 2012

Registration Forms are required for each individual student. Please print legibly.

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Academic School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Mother/Guardian #1 \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Parent/Father/Guardian #2 \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Emergency Contact (if different from parent's cell phones)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Condition/Allergies: \_\_\_\_\_

**For New Students Only**

Previously trained with \_\_\_\_\_ How long? \_\_\_\_\_ years

How did you find Classical Ballet Theatre? (e.g. web, friend, performance) \_\_\_\_\_

### Program Options & Tuition

**Camp 1** (Ballet 1 & 2) **8/6-8/10**    **Camp 2** (Apprent. Co/Ballet 3/4) **8/13-8/17**    **Camp 3** (Jr. Co) **8/6-8/10**    **Camp 4** (Jr. Co) **8/20-8/24**

**Camp 5** (Sr. Co) **8/13-8/17**    **Camp 6** (Sr. Co) **8/20-8/24**    **Camp 7** (Contemporary) **8/6-8/10**

**Camp 1 Cost:** \$400/week

**Camps 2, 3, 4, 5, 6, & 7 Cost:** \$300/week

**Payment may be made by check to CBT 50% deposit due by April 1, 2012, balance due by June 1, 2012 NO REFUNDS.**

### 2012 Summer Program Request

Please indicate requested program & Camp number in the schedule below.

Example: Program Nutcracker Choreography Camp 1 Dates 8/6-8/10

Start here! → Program \_\_\_\_\_ Camp \_\_\_\_\_ Dates \_\_\_\_\_

Program \_\_\_\_\_ Camp \_\_\_\_\_ Dates \_\_\_\_\_

Program \_\_\_\_\_ Camp \_\_\_\_\_ Dates \_\_\_\_\_

Program \_\_\_\_\_ Camp \_\_\_\_\_ Dates \_\_\_\_\_

Program \_\_\_\_\_ Camp \_\_\_\_\_ Dates \_\_\_\_\_

Please continue on the BACK →

**Photo Permission**

Occasionally we like to use student's photographs from classes or performances in our brochures, flyers, or on the web site. Please sign below if you give us your permission to use your child's photograph.

**I give Classical Ballet Theatre permission to use my daughter/son's photograph(s) in publications and/or on the website.**

Student Name \_\_\_\_\_ Parent /Guardian Signature \_\_\_\_\_

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**Liability Waiver/Release**

**2012**

**Must be signed for student to participate in classes and performances.**

**Please read carefully before signing.**

I \_\_\_\_\_, the enrolled participant and/or the parent/guardian of the participant agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including, but not limited to, serious physical injury. The participant hereby agrees to participate in activities of the Classical Ballet Theatre of Northern Virginia and hereby agrees to indemnify and hold harmless Classical Ballet Theatre, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of the Classical Ballet Theatre of Northern Virginia. The participant also agrees to indemnify Classical Ballet Theatre for any damages incurred arising from any claims, demand, action or course of action by the participant.

The participant authorizes any representative of Classical Ballet Theatre of Northern Virginia to have the participant treated in any medical emergency during their participation in activities of the Classical Ballet Theatre. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

Any special medical/health problems or needs of which the staff should be aware are outlined in an attached form.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE. ADDITIONALLY, I HAVE READ AND AGREE TO ABIDE BY ALL STUDIO POLICIES AND PROCEDURES.

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Parent/Guardian (if participant is under 18) (please print)

\_\_\_\_\_  
Signed Date

**Please mail completed registration form and payment to:**

**(%50 deposit due by April 1, balance due by June 1)**

**Classical Ballet Theatre, 320 Victory Drive, Herndon VA 20170**