



2017 Summer Intensive Registration

Dancer Information:

Dancer Name:		Date of Birth:	Today's Date:	
Home Street Address:		City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email Address:		Age:
				Grade in School:

Parent/Guardian Information *if Dancer is under 18:*

Person with whom the student resides: _____ Father/Guardian _____ Mother/Guardian _____ Both

Name of Father/Guardian:		Place of Employment:	Work Phone:	Cell Phone:
Email Address (unless same as above)		Other Info:		
Name of Mother/Guardian:		Place of Employment:	Work Phone:	Cell Phone:
Email Address (unless same as above)		Other Info:		

Emergency Contact: *Parent/Guardian will be first person notified; please provide alternate emergency contact.*

Name of Emergency Contact:		Relation to Dancer:	Phone #1:	Phone #2:
Physician's Name:		Practice Name:		
City:	Physician's Phone:	Allergies if any:		

Payment Information:

Fees

Intensive	Tuition	Registration	Total		Amount Due
6 days	\$550	\$50	\$600		
Intensive Tuition					
Registration Fee: \$50.00/ registration					\$
ALL FEES DUE AT TIME OF REGISTRATION (make checks payable to: "Vivid Ballet")					\$

By signing this form, I agree to abide by the refund/withdrawal policies described within the information on the website. I also understand that I have read and agree to the Registrations and Tuition Fee Schedule for this fiscal year. Pricing is recorded on registration form and is subject to verification and correction. Parent or Guardian must sign this form if the student is a minor.

Signature _____ Date _____

OFFICE USE ONLY:

Amount Enclosed: \$ _____
 Payment Type: Check #: _____ Cash: _____ Date Received: _____ Received by: _____

Release Information

Please initial each segment of this consent form. By doing so you will acknowledge that you have read and understand the terms outlined below. Parent/Guardian must initial if student is under 18.

_____ **Photo/Video Consent:**

Consent is granted for the student/performer to be photographed or videotaped. This may be used without compensation in a public presentation.

_____ **Injury Release:**

It is understood that the risk of physical injury is inherent in dance training. Vivid Ballet strives to reduce that risk through proper training techniques. However, by signing this form, the undersigned is willing to assume those risks and release, hold harmless and indemnify Vivid Ballet, its related entities, agents, employees, officers and representative from and against any and all claims, demands, actions, judgments which the undersigned, or any other person ever had to may have against Vivid Ballet for any losses, costs and expenses (including Attorney's fees) and damages or injuries known or unknown, real or personal, sustained by me or my shield while in attendance and /or participating in all Vivid Ballet programs. The undersigned also agrees that he or she will not hold Vivid Ballet responsible for the loss or damage of personal property while in attendance and/or participating in any of these programs.

_____ **Physical Contact:**

Dance is an art form that requires teachers to be able to have appropriate physical contact for the purpose of making technical corrections. Consent is granted for such physical contact.

_____ **Rules & Policies:**

The signature below implies agreement to abide by the rules and policies of Vivid Ballet. This includes, but is not limited to, behavior that exhibits respect to fellow students, the teacher and the facility.

Please complete the following section with any information regarding the dancer/student that is important for Vivid Ballet to know.

Dancer's Name (Please Print)

Signature of Dancer

(or Parent/Guardian if student is under age 18)

Date