

2009 SUMMER INTENSIVE Registration Form

Scarsdale Ballet Studio

696R White Plains Road, Scarsdale, NY 10583

(914)725-8754

Name_____ Age_____

Tuition five weeks \$1,200_____ Tuition four weeks \$1,125_____

Due no later than June 15th (10% discount before May 1st)

A fifty percent deposit will guarantee a place in the program. Enrollment is limited to 32 dancers.

Weeks attending: (Circle all that apply)

6/29-7/3, 7/6-7/10, 7/13-7/17, 7/20-7/24, 7/27-7/31

Check enclosed_____ Charge my Visa/Master_____

Account #_____

Expiration_____ V-Code_____

For non-Scarsdale Ballet Studio dancers:

Parent/Guardian_____

Address_____

Phone #1_____

Phone#2_____

Phone#3_____

E-mail_____

Years and place of previous training:

For all students:

Please read and sign the following Waiver of Liability

Waiver of Liability

I understand that there is a risk of potential injury associated with dance classes, rehearsals, and performances. I represent that the below- named student/dependent minor is in good health and physically capable of participating in ballet/stretching/dance classes, rehearsals and performances. On behalf of myself and the above named student I hereby waive and release any claim against the Scarsdale Ballet Studio, Diana White, the faculty, employees, and counselors of the Scarsdale Ballet Studio arising out of a personal injury occurring in connection with classes, rehearsals or performances or otherwise occurring in or around the ballet studio or other location of rehearsals or performances. I accept responsibility for obtaining appropriate accident, health, and hospitalization insurance to cover the student in the event of personal injury. In the event of injury or other medical emergency, if I cannot be reached, I authorize a representative of the Scarsdale Ballet Studio to seek any medical assistance reasonably required and I agree to be responsible for any medical expenses incurred on behalf of the student.

I have read the above information and agreed to this release.

Student name: _____

Parent/Guardian name: _____

Signed: _____

Phone #1 _____ Phone#2 _____

Emergency Contact #1

Emergency Contact #2
