

2010 SUMMER INTENSIVE Registration Form
Scarsdale Ballet Studio
696R White Plains Road, Scarsdale, NY 10583
(914)725-8754

Name _____ **Age** _____

Tuition: five weeks

Half-day: \$1,500

Extended day: \$2,250

Tuition: four weeks or less

Half-day: \$325/week

Extended day: \$500/week

Please circle the weeks that apply:

6/28-7/2, 7/5-7/9, 7/12-7/16, 7/19-7/23, 7/26-7/30

A fifty percent deposit is due at time of enrollment. The balance is due by June 1st.

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:

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: _____ Date: _____

Phone #1 _____ Phone#2 _____

Emergency Contact #1

Emergency Contact #2
