



696R White Plains Road
Scarsdale, NY 10583
(In the back of the
Vernon Hills Shopping Center)

SCARSDALE
BALLET
STUDIO

P. 914.725.8754
F. 914.725.1781
E-mail: scarsdaleballetstudio@verizon.net
www.ScarsdaleBalletStudio.com

2011 Afternoon Mini-Camp — Registration Form

Today's date _____

Student's name _____ Date of birth _____ Age _____

My child will attend:

_____ Session A, Mondays and Wednesdays (ages 3-5)	\$250
_____ Session B, Tuesdays and Thursdays (ages 5 ½ -7)	\$250
_____ Both Sessions, Monday-Thursday (age 5 only)	\$450

A fifty percent deposit will guarantee a place in the program. Class size will be at the discretion of the artistic director. Teacher/student ratio will depend on numbers and ages of children enrolled. Please enroll as early as possible, so that we may plan for staffing and avoid cancellation of any part of this program. Tuition is due in full by June 13th.

Check amount enclosed \$ _____ or charge my Visa/MasterCard _____

Account # _____ Expiration date _____ V-Code _____

Signature _____

For non-Scarsdale Ballet Studio dancers/new students:

Parent/Guardian name _____

Street address _____

City _____ State _____ Zip code _____

Home # _____ Work # _____ Cell # _____

Emergency # _____ Email address _____

See next page



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Waiver of Liability

I/we 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 (printed) _____

Parent/Guardian name (printed) _____

Parent/Guardian signature _____ Date _____

Phone #1 _____ Phone #2 _____

Emergency Contact #1 _____ Relationship _____

Emergency Contact #2 _____ Relationship _____

Please list allergies and medications _____

Photo Release

I, _____, hereby consent to the use and reproduction limited by Scarsdale Ballet Studio (“SBS”) of photographic image(s) of my minor child _____ in advertising and promotion in perpetuity in all manner and all media, including, but not to, print and internet. I agree not to hold SBS or its agents responsible, under any circumstances, for any action which occurs as a result of this use. I understand that the internet is accessible by the public, and that SBS shall not be responsible for any unauthorized use of said image(s). If, however, I indicate in writing that I would like my child’s image to be removed from the SBS website, SBS agrees to do so. I agree that I will not be compensated for the use of my child’s image(s).

Parent/Guardian signature _____ Date: _____

Street address _____

City _____ State _____ Zip code _____