ballet tech cincinnati

Summer 2010 Performing Arts Camp

STUDENT NAME_____ M / F
(last) (first)

DATE OF BIRTH _____ / _____ / _____ AGE _____ GRADE (09-10) _____

PRIMARY CONTACT:

NAME _____

RELATIONSHIP _____

ADDRESS_____

CITY_____ ZIP_____

HOME_____ WORK _____ CELL _____ E-MAIL _____
Please be certain that contact information is correct, and include a current email if at all possible.

Please list those, other than yourself, permitted to pick your student up from day camp
(please note we will only release your student to the people listed below or the primary contact listed above).

Name	Relationship to student	Contact Number

Please read the following carefully. Students will not be permitted to attend classes until this form is completed. Please initial by each item and sign and date below.

_____ **SCHOOL POLICY**: I understand that class fees must be paid in advance of the beginning of each 6 week session. Missed classes may be made up. **ballet tech cincinnati** (btc) does not refund or pro-rate for absences or missed classes due to misconduct or tardiness.

_____ **LIABILITY RELEASE**: I am aware that ballet dancing and other dance forms place unusual demands on the body and carry with them the risk of physical injury. On behalf of my student/myself, I assume the risk and agree that **ballet tech cincinnati,** its Board of Directors, faculty and any chaperones or agents shall not be liable for any injuries sustained or loss of property during attendance at class or any of its related functions.

_____ **PHOTO RELEASE:** I give permission for photographs/television footage which may include my student/myself to be used for promotional purposes on television, newspapers, magazines and other communications media.

_____ **EMERGENCY MEDICAL RELEASE**: I give permission for emergency medical care of my student/myself:

MEDICAL INSURANCE _____ AGREEMENT #_____

FAMILY PHYSICIAN & PHONE _____ ALLERGIES _____

OTHER MEDICAL CONDITIONS_____

SIGNATURE: _____ DATE: _____ / _____ / _____

✓	Week	Session	Cost	✓	Week	Session	Cost
❑	**July 5 – July 9**	Week 1	$75	❑	**July 26 – July 30**	Week 4	$75
❑	**July 12- July 16**	Week 2	$75	❑	**August 2 – August 6**	Week 5	$75
❑	**July 19 –July 23**	Week 3	$75	❑	**August 7 – August 13**	Week 6	$75
						TOTAL	**$_____**

TOTAL ENCLOSED: $_____

Paid by: ❑check or money order (payable to ballet tech cincinnati)
❑ credit card MC VISA AMEX # _____ exp ___/ ____/ _____
a $5 processing fee will be added onto all credit card payments

Mail to: **ballet tech cincinnati**, 6543 Montgomery Rd. Cincinnati, Ohio 45213 or FAX (credit card only) to 513.583.5620