

School of Classical Ballet Summer Dance Intensive Series



2019 Registration Form

Montana Dance Center
701 Daniel Street
Billings MT 59101

Please complete *one form per student* for our records.

Name of Student: _____ Birthdate _____

Parent's Names: _____

Address: _____

Zip code: _____ Email: _____

Phone #: _____ / _____ / _____
Home Cell Work

Additional Emergency Contact

Name: _____ Phone #: _____ Relationship _____

Name	Date	Level 1 Price	Level 2 Price	
Single Intensive				
Darkenwald, Kitzenberg, Schanfein	June 17-21	\$225	\$300	
Amsden, Kulpin, McKinney	July 29-Aug 2	\$225	\$300	
Cooper, Kulpin, McKinney	August 5-9	\$225	\$300	
Multiple Intensives – Discounted Rate	<i>(please circle)</i>			
Two Intensives	June / July / Aug	\$440	\$590	
Three Intensives	June / July / Aug	\$655	\$880	
Early Registration Discount (if each \$125 deposit paid by May 31)		-\$15	-\$15	
Host Family Housing		\$140	\$140	
Checks made payable to SCB		TOTAL DUE		

A non-refundable deposit of **\$125** per intensive is due at time of registration. Payment in full is due on or before the student's first day of classes.

Office Use ONLY	
Date App. Received	/ /19
Deposit Amount Paid	
Deposit Check #	
Balance Remaining	
Final Payment Rec'd	/ /19
Final Payment Ck #	

Questions? Please contact Julia Marble at 406-208-0788 or email jmarble@montanadancecenter.com.

Liability Waiver

I do hereby agree to hold harmless School of Classical Ballet (SCB), its Board of Directors, officers, agents, independent contractors, successors and assigns from any claims for personal injuries to myself, my boys or girls while participating in said dance or any other studio activities.

Parent Name: _____

Signature: _____ Date: _____

Print Student's Name: _____

Medical Conditions: *(Please state any medical condition(s) about which SCB should know)* _____

Medical Release

In the event of an injury and parents or emergency contact(s) cannot be reached, any agent of the School of Classical Ballet (SCB) has my permission to undertake whatever emergency medical services he or she deems appropriate under the circumstances. I agree to be responsible for any and all expenses for medical attention authorized by SCB and agree to indemnify it or its agents for any expenses incurred in that regard.

Parent Name: _____

Signature: _____ Date: _____

Print Student's Name: _____

Permission to Use Photos and Audiovisual Materials Taken at SCB

(Please sign only one)

YES

I hereby **consent** to and authorize the use of and reproduction by the School of Classical (SCB) of any and all photographs and any other audiovisual materials taken of the registered individuals listed below for inclusion in any of SCB's promotional printed material, websites and online social media platforms, educational activities, or for any other manner and in whatever way the School of Classical Ballet deems appropriate.

Parent Name: _____

Signature: _____ Date: _____

Print Student's Name: _____

NO

I hereby **decline** to authorize the School of Classical Ballet (SCB) the use and reproduction of photographs and other audiovisual materials taken for the purposes of SCB's promotional printed material, websites and online social media platforms, educational activities, or for any other manner the School of Classical Ballet deems appropriate.

Parent Name: _____

Signature: _____ Date: _____

Print Student's Name: _____