

# School of Classical Ballet Children & Youth Dance Camps Summer 2019



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	Price	
Movie "LEAP" and Everything Ballet	June 24-28	\$150	
Dance Arts Sampler	June 24-28	\$150	
Princess Ballerina	July 1-3	\$55	
Princess, Fairies & Unicorns	July 8-12	\$150	
Create, Develop, Perform Workshop	July 8-11	\$130	
A Royal Summer by the Sea	July 15-18	\$125	
Nutcracker Ballet	August 12-14	\$95	
<b>Checks made payable to SCB</b>	<b>TOTAL DUE</b>		

A non-refundable minimum deposit of \$50 per camp is due with registration, and remaining balance is due at start of camp.	
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 406-702-7262 or email [mtdancecenter@gmail.com](mailto:mtdancecenter@gmail.com).



701 Daniel Street • Billings MT 59101 • 406-702-7262

### 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: \_\_\_\_\_