

VALERIE HOLGERS'

Academie de Ballet

CLASSIQUE

Registration & Authorization Form Summer Classes & Dance Camps 2010

Student's Name: _____ Age: _____ M F DOB *under 21 only* _____

Parent/Guardian: _____ Cell Phone _____

Parent _____ Cell Phone _____

Address: _____ Home phone: _____

City _____ Zip code _____ Emergency Contact: _____ # _____

EMAIL ADDRESS (WE DO NOT SHARE!) _____

Camp or Class(es) Please check box

| Class No | Class Title – See Summer Schedule for times, dates & description | Tuition Per Session <i>Due in advance</i> | Please Register me <input type="checkbox"/> | Paid ck/ cash |
|---------------|--|--|--|------------------|
| 1 | Fantasy Ballet | \$42 | | |
| 2 | Vocational Technique Tune-up Ballet - Session 1 | \$116 | | |
| 3 | Vocational Technique tune-up Ballet - Session 2 | \$108 | | |
| 4 | Ballet – Level 1 Session 1 | \$66 | | |
| 5 | Ballet – Level 1 Session 2 | \$44 | | |
| 6 | Dance Inspiration! Session 1 | \$125 | | |
| 7 | Dance Inspiration! Session 2 | \$125 | | |
| 8 | Dance Explorers Session 1 | \$125 | | |
| 9 | Dance Explorers Session 2 | \$125 | | |
| 10 | Dance Camp – Sessions 1 and 2 | \$210 | | |
| 11 | New York City Ballet Workout – Session 1 | \$30 | | |
| 12 | New York City Ballet Workout – Session 2 | \$30 | | |
| 13 | Pilates Mat Workout | \$45 | | |
| TOTAL TUITION | | | | |

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PERMISSION STATEMENT: The above named person has my permission to attend Valerie Holgers' Acadèmie de Ballet Classique (ABC Bend) classes. I confirm that this person is in good health and I know of no reason why he or she is not able to participate in this form of artistic exercise. I am aware that dancing is a high impact form of exercise and that ABC Bend will not be held responsible for and loss, damage or injury associated with participation in classes or events. I hereby give my permission to ABC Bend to call the above named person and /or doctor for treatment in the event of an emergency. I further agree not to hold any ABC Bend official or staff members, responsible for any illness, accident or injury which might occur while in class or on ABC Bend premises. I hereby verify that I fully understand and accept the above statement.

I have read and understand the above informed consent release, tuition fees and terms of payment. I also understand that there are no adjustments for missed classes. I accept these fees and terms accordingly.

Parent/Guardian Signature _____ Date _____