

 **School of Richmond Ballet**
Summer Registration Form



Financial Information 2008

Students Name: _____

Birth date: ____/____/____

Home Phone: () _____ -- _____

Parent 1: _____

Cell: () _____ -- _____

Parent 2: _____

Cell: () _____ -- _____

Address: _____

City, State, Zip: _____

Email address: _____

Course #(s): _____

Registration form and payment must be received to be enrolled in any class.

Registration Fee: \$ _____ (new students only)

**\$30 Lower Division / \$15 Children's Division

Tuition amount: \$ _____ (full amount)

2nd Student discount: \$ _____ (- 25%)

Total Fees Due \$ _____

Amount Enclosed: \$ _____

Payment Due in full at time of registration.

To register, please mail/fax form with check or credit card information:

Check #: _____

Credit Card #: _____

Security Code #: _____

Visa Mastercard Amex Discover

Exp. Date: ____/____

Signature: _____

Date: ____/____

Registration:

1. There is a non-refundable registration fee for each NEW student enrolling at the School of Richmond Ballet: \$30.00 for Lower Division, \$15.00 for Children's Division.
2. Registration must be completed prior to any student's entrance into class.

Tuition Payment:

1. Full tuition is due at the time of registration for all Summer School students.
Tuition is non-refundable except in the case of serious illness or injury documented by a doctor's explanation.
2. Classes may be pro-rated to accommodate pre-planned summer vacations.
This arrangement must take place at the time of registration.

I have read the above financial information highlighting registration, tuition, and payment information.

Signature

Date



School of Richmond Ballet
Release of Claims and Authorization
Summer 2008

I am aware that ballet dancing and the physical movement associated with it places stress on the body and carries with it the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my behalf), I assume the risk and agree that the School of Richmond Ballet shall not be liable in any way for injuries sustained during attendance at the School of Richmond Ballet, its successors and its assignees from all personal injuries caused by, or arising from, the above described activities or any activities related thereto.

I understand that, in order for all children enrolled in class to receive the best dance education experience possible, the School of Richmond Ballet reserves the right to re-assess placement of any child who is not ready to participate productively and safely.

Further, I grant the School of Richmond Ballet, its agents, and employees permission to authorize any emergency medical treatment that may be required for my child or ward during the 2008 summer session.

My medical insurance carrier is:

Insurance Company

Policy Number Cover Dates

I, the undersigned, have read this release/authorization and understand all of its terms. I execute it voluntarily and with knowledge of its significance.

Signature (student) Date

Signature (parent/guardian) Date