



Registration Form

Summer Intensives 2013

July 8–26 and August 5-23

Ballet des Amériques School & Company, Inc.
16 King St., Port Chester, NY 10573
<http://www.balletdesameriques.com>

Student's Full Name: _____

Sex: M _____ F _____

Date of Birth: _____

Primary Address: _____

Primary Phone: _____
Primary E-mail: _____

Mother's Name: _____
Cell: _____
E-mail: _____
Employer: _____
Work Phone: _____
Work Address: _____

Father's Name: _____
Cell: _____
E-mail: _____
Address if different: _____

Employer: _____
Work Phone: _____
Work Address: _____

Emergency Contact
Name: _____
Address: _____
Phone: _____



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Student's Full Name: _____

Physician
Name: _____
Address: _____
Phone: _____

Medical Conditions: _____
Allergies: _____

Parent / Guardian Name (please print)

Signature of Parent/Guardian

Date



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Medical Release & Authorization

Date: _____

Release/authorization by:

_____ (parent/guardian)

for:

_____ (student).

I am aware that dancing, and the exercises associated with it, place unusual stresses on the body, and carry with them the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that Ballet des Amériques School & Company, Inc. shall not be liable in any way for injuries sustained during the attendance of Ballet des Amériques School & Company, Inc. or any of its related functions.

I grant my child or ward the permission to participate in the training program of Ballet des Amériques School & Company, Inc. I hereby release and discharge Ballet des Amériques School & Company, Inc., its agents, employees, and officers from all claims, demands, actions, judgments, and executions which the undersigned's heirs, executors, administrators or assigns may have, or claim to have against Ballet des Amériques School & Company, Inc., its successors, or assigns, for all personal injuries caused by, or arising from, the above described activities, or any activities related thereto.

Further, I grant Ballet des Amériques School & Company, Inc., its agents and employees, permission to authorize any emergency medical treatment that may be required for my child or ward.



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Student's Full Name: _____

My medical insurance is offered through:

Insurance Company	Policy Number	Coverage Dates
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My child's primary physician is:

Doctor's Name (Last, First)	Practice or Office Name/Location
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Phone: _____

Parent / Guardian Name (please print)

Signature of Parent/Guardian

Date



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Photo Release & Authorization

Permission to Use Photographs and Video Recordings.

Events: classes, photos sessions, performances, rehearsals.

I hereby grant Ballet des Amériques and their legal representatives the right to use photographs and video recordings of me and/or my child, _____, in connection with one of the above-identified events. I authorize Ballet des Amériques and its assigns and transferees to copyright, use and publish the same in print and/or electronically. I hereby release and hold harmless Ballet des Amériques and their legal representatives, agents and designees from any and all responsibility or liability in connection with the use of such photographs and video recordings.

I agree that Ballet des Amériques may use such photographs of me and/or my child with or without my and/or my child's name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Parent / Guardian Name (please print)

Signature of Parent/Guardian

Date



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Tuition Rates, Withdrawal and Refund Policy

Tuition Rates:

Summer Intensive 1 (3-week program; July 8 - July 26)

Summer Registration Fee \$30
Arts & Crafts Materials \$50

Elementary - Monday through Friday from 9:00 AM to 12:30 PM:

\$375 per week _____
\$ 950 for 3 weeks _____

Intermediate - Monday through Friday from 9:00 AM to 2:30 PM:

\$475 per week _____
\$1,250 for 3 weeks _____

Summer Intensive 2 (3-week program; August 5 - August 23)

Summer Registration Fee \$30
Arts & Crafts Materials \$50

Elementary - Monday through Friday from 9:00 AM to 12:30 PM:

\$375 per week _____
\$950 for 3 weeks _____

Intermediate - Monday through Friday from 9:00 AM to 2:30 PM:

\$475 per week _____
\$1,250 for 3 weeks _____

Summer Intensive 1 and 2 (combined 6-week program)

Summer Registration Fee \$30
Arts & Crafts Materials \$50

Elementary - Monday through Friday from 9:00 AM to 12:30 PM:

\$1,600 for 6 weeks _____

Intermediate - Monday through Friday from 9:00 AM to 2:30 PM:

\$2,200 for 6 weeks _____



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Withdrawal and Refund Policy:

Please note that Ballet des Amériques will not issue a refund in the event that a student withdraws from any of its programs.

I have read and understand the above:

Parent / Guardian Name (please print)

Signature of Parent/Guardian

Date