



REGISTRATION FORM
SUMMER CAMP 2018

Child's Name _____

Parent's Name _____ Cell # _____

Caretaker's Name _____ Cell # _____

Email Address _____

Mailing Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

ALL CLASSES FOR SUMMER CAMP 2018 TERM:

Begin the week of July 9th and end on August 10th.

TO RESERVE A SPOT FOR YOUR DANCER, PLEASE COMPLETE THE FOLLOWING AND SUBMIT PAYMENT BY APRIL 20 FOR EARLY REGISTRATION SPECIAL PRICING:

- Complete this registration form and return
Make payment via:
PayPal on our website - www.bronxvilleballet.com
Check made payable to Bronxville Ballet. Checks and registration may be mailed to Bronxville Ballet c/o Ana Dimas, 6 Alden Place #3D, Bronxville, NY 10708. (There are no refunds, but credits are transferable.)

WAIVER

Although every effort is made to create a safe environment, I acknowledge that dancing is an activity which involves certain risks. I assume risks of participating in Bronxville Ballet and waive, release and discharge Bronxville Ballet, Ana Dimas and all related parties from all liability for any damage, loss or injury arising out of my child's participation in Bronxville Ballet. There are no refunds but credits can be transferred. I have read and understand this waiver and release and I fully understand its contents.

I hereby grant Ana R. Dimas the right the use, re-use, publish and re-publish photographic portraits or pictures of the minor or in which the minor may be included in whole or in part for the express purpose of marketing, promoting and creating the public image of her dance instruction courses and studio(s).

The portraits or pictures may be used in print, electronic or web-based forms.

I waive any right that I or the minor may have to inspect or approve the finished product or products.

I release, discharge, and agree to have harmless Ana R. Dimas' photographer, Jay Wilson.

I warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution and that I am fully familiar with the contents. This release shall be binding upon me and my heirs, legal representatives and assigns.

Name of Minor(s) _____

Guardian _____

Guardian Signature _____ Date _____

Please check your week(s) below:

SUMMER CAMP WEEK 1
JULY 9-13, 2018
Sleeping Beauty

SUMMER CAMP WEEK 2
JULY 16-20, 2018
Swan Lake

SUMMER CAMP WEEK 3
JULY 23-27, 2018
Mozart

SUMMER CAMP WEEK 4
JULY 30-AUGUST 3, 2018
Coppelia

SUMMER CAMP WEEK 5
AUGUST 6-10, 2018
Bach

\$325 PER WEEK

PAYMENT TOTALS

1 WEEK OF CAMP
\$325.00

2 WEEKS OF CAMP
\$650.00

3 WEEKS OF CAMP
\$975.00

4 WEEKS OF CAMP
\$1300.00

5 WEEKS OF CAMP
\$1625.00