

**CMYB Summer 2019**  
**Professional Division Ballet Intensives**  
**Ballet III - IV - V - VI**

**Registration Form**

\*Please complete form and sign at bottom

Student's Name: \_\_\_\_\_  
Student's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_  
How did you hear about CMYB? \_\_\_\_\_

**Professional Division \$375 per week    \*Register by June 1 \$350**

**Week 1:** \_\_\_\_\_                      **Week 2:** \_\_\_\_\_                      **Amount Due:** \_\_\_\_\_  
**8/5 – 8/9**                                      **8/12 – 8/16**

**\*Inclement Weather Policy Classes will not be held when Howard Co. Schools are closed.**

**Release of Liability:**

I, the adult applicant or I, the parent or legal guardian of the enrolling student listed herein, hereby give approval of the applicant's participation in any and all Central Maryland Youth Ballet programs and activities for which they are registered and assume the risks associated with those activities, and agree to pay tuition in a regular and timely fashion. I waive, release, absolve, indemnify and agree to hold harmless CMYB, it's directors, faculty, contracted instructors, participants, school/performance locations and persons involved in the operation of Central Maryland Youth Ballet's programs for any claims, demands or causes of action which are in any way connected with, or may arise from the participation of the applicant in these activities, including but not limited to any injury or other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator.

I also give permission for Central Maryland Youth Ballet to take photos and/or video of me or my child to use for the web site and for purposes of promoting the school.

**\* I have read and agree to this release.**

**Student's Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Make all checks payable to: CMYB**

**Mail to: CMYB**  
**9570 Berger Rd. Suite A**  
**Columbia, MD 21046**