## Summer 2017 Professional Division Intensives Registration Form

\*Please complete form and sign at bottom

Student's Na	me:				
Student's Bir	th Date:		_Age:		
City, State, Z	лр:				
Email:					
Telephone:		(	Cell:		
How did you	hear about C	CMYB?	Cell:		
Professional Week 1:	Division ((S Week 2:	\$275 per week) Week: 3	Amount Due:	: <u></u>	
*Inclement W	eather Policy	Classes will not be h	ield when Howard Co	. Schools are closed	<mark>d.</mark>
applicant's partiare registered an fashion. I waive, instructors, part Youth Ballet's pr from the participapplicant or any I also give permi web site and for * I have read a	cipation in any a nd assume the ris release, absolve icipants, school/ cograms for any o pation of the app member of his/l ission for Centra purposes of pron and agree to the	and all Central Maryla sks associated with the c, indemnify and agree /performance location claims, demands or co- policant in these activither family whether as all Maryland Youth Bal moting the school.	and Youth Ballet progra nose activities, and agre e to hold harmless CMY ns and persons involve	ams and activities for the top ay tuition in a and activition in a and activities, factors, factors, it is directors, factors and in the operation of the in any way connemited to any injury tivities or as a spector or video of me or many and activities or as a spector or video of me or many and activities or as a spector video of me or many activities or as a spector video of me or many activities or as a spector video of me or many activities or as a spector video of me or many activities are activities.	regular and timely culty, contracted of Central Maryland ected with, or may arise or other loss to named ator.
Parent/Guard	ian Name (Ple	ease Print):			
Parent/Guard	ian Signature:	:	Date: _		

Make all checks payable to: **CMYB** 

Mail to: CMYB

9570 Berger Rd. Suite A Columbia, MD 21046