



REGISTRATION FORM
SUMMER CAMP 2019

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 2019 TERM:

Begin the week of July 8th and end on August 9th.

TO RESERVE A SPOT FOR YOUR DANCER, PLEASE COMPLETE THE FOLLOWING AND SUBMIT PAYMENT BY APRIL 5, 2019 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 8-12, 2019
Sleeping Beauty

SUMMER CAMP WEEK 2
JULY 15-19, 2019
Swan Lake

SUMMER CAMP WEEK 3
JULY 22-26, 2019
Don Quixote

SUMMER CAMP WEEK 4
JULY 29-AUGUST 2, 2019
Coppelia

SUMMER CAMP WEEK 5
AUGUST 5-9, 2019
Midsummer Night's Dream

\$325 PER WEEK

SPECIAL:

Pay by APRIL 5th, receive:

25% OFF any 4th week of camp
or

25% OFF any 4th week plus

40% OFF any 5th week of camp!

PAYMENT TOTALS

1 WEEK OF CAMP
\$325.00

2 WEEKS OF CAMP
\$650.00

3 WEEKS OF CAMP
\$975.00

4 WEEKS OF CAMP
\$1218.75 - Early Registration Pricing

5 WEEKS OF CAMP
\$1413.75 - Early Registration Pricing