



# SUMMER 2021 in ALBANY

## TRAINING REGISTRATION FORM

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
Last First M.I.

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Please note that most communication will occur by email**

### REGISTERING FOR (mark all applicable):

**ballet classes for intermediate/advanced students**, from 10:00 - 11:45 am.

**ballet classes for beginners**, from 3:45 - 5:00 pm.

 **ATTENTION! Register here for Repertory Classes ONLY if you DO NOT WISH TO PERFORM. Use the AUDITION FORM to Register for Repertory Classes if you WISH TO PERFORM.**

**repertory classes**, from 12:00 to 1:00 pm.

### ATTENDING (mark all applicable):

**WEEK 1:** \_\_ Mon, \_\_ Tue, \_\_ Wed, \_\_ Thu, \_\_ Fri.

**WEEK 2:** \_\_ Mon, \_\_ Tue, \_\_ Wed, \_\_ Thu, \_\_ Fri.

**Waiver** Recognizing the possibility of physical injury associated with ballet and other forms of dance, and in consideration for the Ajkun Ballet Theatre accepting the applicant to participate in its ballet program and activities, I hereby release, discharge and forever hold harmless the Ajkun Ballet Theatre, its affiliated organizations, sponsors, their associated personnel, including the owners and managers of the theatres and facilities utilized for the program, against any claim by or on behalf of the registrant that may arise from the registrant's participation in the program. I further agree that I will not hold the Ajkun Ballet Theatre or any of its agents responsible for any article lost or stolen while I am participating in the program. I, as a parent/guardian of the participant, attest that there is no existing medical condition that indicates that the participant should not be taking part to ballet training and, in general, physical activities as such. I, hereby, confirm that a duly licensed Doctor of Medicine has verified the information I am providing to Ajkun Ballet Theatre. The parent/legal guardian give permission to Ajkun Ballet Theatre to photograph and videotape the participant, during the time he/she is enrolled, for future publicity, press and/or any other purposes that will remain solely property of The Ajkun Ballet Theatre.

**Parent/Legal Guardian's Mobile Phone to call in case of Emergency:** \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Fees:** Compulsory Insurance for each participant: \$39.00 paid by check or QuickPay/Zelle **OR** \$44.00 paid by PayPal + Single Class: \$25.00 **OR** \$28.00 paid by PayPal for each class.

Class Package (please add 5% if using PayPal):

10 class-package (Ballet **OR** Repertory): \$200.00 (paid before May 15<sup>th</sup>); \$225.00 (paid on or after May 15<sup>th</sup>).

20 class-package (Ballet **AND** Repertory): \$390.00 (paid before May 15<sup>th</sup>); \$440.00 (paid on or after May 15<sup>th</sup>).

### Registration is ONLY accepted when payment is enclosed:

1. Please mail form and payment by check made payable to AJKUN BALLET THEATRE to:  
Ajkun Ballet Theatre - Young Dancers Summer Program, 30 Pilot Street, suite 3 L, NYC, NY 10464-1631

2. Email form and payment receipt (payment accepted by QuickPay/Zelle or PayPal, please add 5% if using PayPal) to [ajkun@aol.com](mailto:ajkun@aol.com)

**PLEASE NOTE THAT WE MAY BE UNABLE TO LOCATE PAYMENT IF RECEIPT IS NOT ATTACHED.**