

# THE SCHOOL of PENNSYLVANIA BALLET

Angel Corella, Artistic Director  
Samantha Dunster, Interim Principal

## Summer 2017 Registration Form

Summer Intensive: June 26- July 22, 2017

Registration Forms due by April 29, 2017.

Registration Fee: \$40.00

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_

Academic School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Cell#: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Employer: \_\_\_\_\_ Occ.: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Employer: \_\_\_\_\_ Occ.: \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 4 WEEK TUITION INFORMATION

	Full Tuition	1st Payment Due at Registration	2 <sup>nd</sup> Final payment Due by May 25th
<b>Pre Ballet (Ages 4-5)</b>	\$80.00	\$20.00	\$60.00
Saturdays 9:30 to 10:30			
<b>Primary (Ages 6-7)</b>	\$160.00	\$40.00	\$120.00
Tuesdays 5:00 to 6:00 and Saturdays 10:30 to 11:30			

### WEEKLY TUITION INFORMATION

(only for students who are not attending the 4 week program)

Students can participate in fewer weeks, but priority will be given to students who can commit to the full intensive

Weekly Tuition		Please select the weeks that you will be attending				
		Week 1	Week 2	Week 3	Week 4	
<b>Pre Ballet I</b>	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Primary</b>	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Please circle one: Pre Ballet      Primary**

Registration Fee	\$	<b>40.00</b>
Summer Intensive tuition 1 <sup>st</sup> payment	\$	
<small>(One week tuition due at registration. If you sign up for more than one week the remaining tuition is <b>due by May 25<sup>th</sup></b>)</small>		
Late fee \$50.00 (for payments made after April 29, 2017)	\$	
<b>TOTAL DUE</b>	\$	

**Checks and Money Orders payable to:** *The School of Pennsylvania Ballet*

**Credit Card Information:** \_\_\_M/C \_\_\_Visa      Amt. to be charged \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Mail registration form to:**  
 The School of Pennsylvania Ballet  
 323 North Board Street  
 Philadelphia, PA 19107

**or**      **Fax to:**      **or**  
 215-625-4845

**e-mail to:**  
 jsmith@paballet.org

## **RELEASES AND AUTHORIZATIONS (Required for Enrollment)**

**I understand that I am responsible for the entire tuition of classes for which I have registered. Tuition is non-refundable/non-transferable. Students who have registered for the program and subsequently need to withdraw due to a major injury preventing any dancing, after full payment of fees but prior to June 15<sup>th</sup> may submit a letter of explanation from a licensed physician; at that time The School of Pennsylvania Ballet will consider credit of the second payment. Should a student withdraw in the beginning or middle of the program, the remaining tuition will be forfeited to The School of Pennsylvania Ballet. The School of Pennsylvania Ballet is not liable or obligated in any way to process any refunds or issue any tuition credits. The application fee, first payment and the full housing tuition is non-refundable/non-transferable under any circumstances.**

**Instructional Understanding:** It is understood that the nature of dance instruction involves kinetic corrections that may include physically touching a student as part of regular class work and rehearsals. Parents of students with any concerns in this area should speak with the School Director.

**Photo Consent:** I hereby consent to and authorize the use and reproduction by Pennsylvania Ballet and The School of Pennsylvania Ballet of any and all photographs, recordings, videotapes and/or other reproductions of my child's likeness for any purpose, whatsoever, without compensation. All images shall constitute the property of Pennsylvania Ballet and The School of Pennsylvania Ballet, solely and completely. Further, I assign and release all rights to said images and authorize Pennsylvania Ballet, or others authorized by them, to exhibit, broadcast, and/or distribute or otherwise further reproduce said images in whole or in part over or in any medium whatsoever, including newsletters, radio, newspapers, film, cable and television.

**Medical Consent and Liability Waiver:** I am aware that dance and the nature of the training and performing associated with The School of Pennsylvania Ballet place unusual stress on the body and carry with them the risk of physical injury. I understand that as parent/guardian I will be contacted if medical attention is required during class time. If I cannot be reached, I hereby authorize The School of Pennsylvania Ballet to arrange for treatment as necessary. I shall indemnify, hold harmless and defend Pennsylvania Ballet, its officers, boards, agents and employees, against any and all claims, actions, or suits brought for damages or alleged damages, and from all liability, loss and expense, including reasonable legal expenses, resulting from any injury to person or property or from loss of life sustained by my child while a student at The School of Pennsylvania Ballet or while he/she is fulfilling a role in any Pennsylvania Ballet production or event in which he/she has been invited to participate on or about Pennsylvania Ballet premises or other venue where such activity is taking place.

### **Authorization for Substituted Consent and Emergency Contact Information**

I hereby grant permission to the Director of The School of Pennsylvania Ballet or anyone designated by the Director, and to those persons listed below as emergency contacts to authorize emergency medical or surgical treatment, including, but not limited to, blood or blood product transfusions, diagnostic procedures, and the administration of anesthesia, for Student where medically appropriate in case of injury, accident, or illness: subject, however, to the following limitations (if none, so state): This authorization is given for the benefit of Student. The authorization given to the Director is given with the understanding that the Director, or the Director's designee, (1) will act only in my absence, and (2) will act only until such time as I or my spouse or the Student's legal guardian or the persons designated below can be contacted. I understand that the medical appropriateness of such treatment shall be determined by the attending physician or by the medical facility's medical staff, and that such a determination shall be conclusive evidence of the reasonableness of the consent given. I agree to hold the Director, anyone designated by the Director of The School of Pennsylvania Ballet and any employees, officers and directors of harmless from liability arising from any and all medical treatment, or complications arising there from, rendered as a result of consent given pursuant to this authorization.

I understand that in signing this Registration Form, I am agreeing to accept the guidelines of The School of Pennsylvania Ballet as set forth in this document. The School of Pennsylvania Ballet reserves the right to terminate a student's enrollment if they are unable to participate in accord with the school expectations of attendance or conduct. I understand that violation of any rule maybe grounds for instant dismissal from the Summer Intensive. I understand that should my actions warrant, I may be asked to leave the School and my parents/guardians would be responsible for expenses incurred in order for me to return home. In such situation I understand no refund of tuition of fees will be forthcoming.

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

