



2017 SUMMER INTENSIVES REGISTRATION

STUDENT'S NAME _____

BIRTHDATE _____ AGE _____

PARENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREFERRED PHONE NUMBER _____

EMAIL _____

EMERGENCY CONTACT & PHONE _____

PLEASE CIRCLE YOUR PREFERENCES

Non-Refundable Registration Fee: NEW STUDENT \$35 CURRENT STUDENT \$10

Week 1 Week 2 Both Weeks

Cost: \$600 for Both Weeks, \$350 per Week, \$75 per day

Does your child have any medical conditions of which BWR should be aware?

PHYSICIAN'S NAME _____ PHONE _____

DENTIST'S NAME _____ PHONE _____

I understand that Ballet Western Reserve will provide adequate supervision for classes and activities in which my child participates. Ballet Western Reserve will make every reasonable effort to insure the safety of all participants. I am also aware that Ballet Western Reserve will not assume responsibilities for any and all accidents, injuries, or loss of personal effects. I release Ballet Western Reserve from liability from any injury which may arise and waive any claim which hereafter may arise.

I also understand that Ballet Western Reserve is a School that does not participate in dance competitions. Accordingly, no student of Ballet Western Reserve may participate in a dance competition identifying an affiliation, in any way, with Ballet Western Reserve or its faculty. If the above-identified student desires to engage in competition, he or she is doing so independent of Ballet Western Reserve and its faculty. The above-identified student may not utilize choreography or classroom combinations produced by Ballet Western Reserve or its faculty in any way for competition.

Parent Signature _____ Date _____