



www.champaignballet.com
champaignballetacademy@gmail.com

2019 SUMMER REGISTRATION: PRE-PROFESSIONAL DIVISION, MAY 27-AUGUST 16
STEP 1: PRINT YOUR INFORMATION

New students should e-mail first for placement.

Student's Name _____ Age _____ Date of Birth _____
Address _____ City _____ Zip _____
Phone _____ E-mail _____
Parent's Name(s) _____

STEP 2: SELECT YOUR CLASS (NO CLASS 7.1.19-7.7.19) 55 AVAILABLE CLASSES

Female Uniform: Solid color black leotard, pink tights, pink canvas ballet slippers, pointe shoes, hair styled in a ballet bun.
Male Uniform: Fitted white T-shirt, dance belt, thick black tights or bicycle shorts, white ankle socks, white canvas ballet slippers.

Table with 5 columns: Class Name, Days, Time, Pack Type, Price. Rows include Ballet V-VII (M-F, 10:00-12:30 PM) with 5, 20, 40, and Unlimited class packs.

Table with 5 columns: Class Name, Days, Time, Price, Notes. Row includes Repertoire (6.5.19-8.7.19) on Wednesdays (W) from 5:15-6:15 PM, \$5 per class, required for Ballet V females.

TOTAL CLASS PACK AMOUNT _____ + REPERTOIRE _____ = _____

PLEASE READ THIS FORM CAREFULLY. BE AWARE IN REGISTERING YOURSELF OR YOUR MINOR CHILD/WARD FOR PARTICIPATION IN BALLET/DANCE/MOVEMENT CLASSES THAT YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU OR YOUR MINOR CHILD/WARD MIGHT SUSTAIN ARISING FROM PARTICIPATION.

CHAMPAIGN BALLET ACADEMY WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT

I recognize and acknowledge that there are certain risks of physical injury to participants in ballet/dance/movement and I agree to assume full risk of injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with ballet/dance/movement.

I recognize and acknowledge that it is my responsibility to provide prompt pickup for my child/ward after ballet/dance/movement classes. I recognize and acknowledge that Champaign Ballet Academy or its agents will not be responsible for monitoring my child/ward's activities after ballet/dance/movement classes.

In the event of an emergency, I authorize Champaign Ballet Academy or its agents to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of all hospital and medical charges incurred.

USE OF NAMES AND IMAGES

Dancers, and their parents/guardians, agree to allow their names and images (photographs, video and likeness) to be used and distributed to private and/or public organizations (including media) for use in promoting Champaign Ballet Academy

I have read and fully understand the above Waiver and Release of All Claims and Permission to Secure Treatment.

STEP 3: READ & SIGN _____ DATE _____

STEP 4: SEND YOUR COMPLETED FORM AND A CHECK PAYABLE TO:

CHAMPAIGN BALLET ACADEMY
2810 WEST CLARK RD
CHAMPAIGN, IL 61822