



www.champaignballet.com
champaignballetacademy@gmail.com

2024 SPRING REGISTRATION: PRE BALLETT II
JANUARY 8 THROUGH MAY 31
(NO CLASS 2.19.24, 3.11.24-3.16.24, 4.29.24-5.7.24, 5.27.24)

New students should email first for placement.

Student's Name, Age, Date of Birth, Address, City, Zip, Phone, Email, Parent's Name(s), Academic School, How did you hear about us?

SELECT YOUR CLASS

Table with 5 columns: Session, Day, Dates, Time, Fee. Includes Session I (SAT 1.13-3.9, 10:30-11:15 am, \$165) and Session II (SAT 3.23-5.25, 10:30-11:15 am, \$165).

Total number of sessions x fee per session \$165 =

Female Uniform: Solid color light pink leotard, pink tights, pink canvas ballet slippers, hair styled in a ballet bun.

Male Uniform: Solid white color male leotard or fitted white T-shirt, black bicycle shorts, white ankle socks, black ballet slippers.

PLEASE READ THIS FORM CAREFULLY. BE AWARE IN REGISTERING YOURSELF OR YOUR MINOR CHILD/WARD FOR PARTICIPATION IN BALLETT/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 BALLETT 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.

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

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,

READ & SIGN DATE

SEND YOUR COMPLETED FORM AND A CHECK PAYABLE TO:

CHAMPAIGN BALLETT ACADEMY
2810 WEST CLARK RD
CHAMPAIGN, IL 61822