



www.champaignballet.com
champaignballetacademy@gmail.com



2022 SUMMER REGISTRATION: PRE-BALLET AGES 4-6

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



Table with 4 columns: Workshop Name, Days, Time, Fee. Rows include SUPER KIDS, PIRATE ADVENTURE, and LAND OF SWEETS.

Total number of workshops x fee per workshop =

IN STUDIO/ZOOM ROTATION [] ZOOM ONLY []

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

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

READ & SIGN DATE

PLEASE SEND YOUR COMPLETED FORM AND A CHECK PAYABLE TO:

CHAMPAIGN BALLET ACADEMY
2810 WEST CLARK RD
CHAMPAIGN, IL 61822

