



www.champaignballet.com
champaignballetacademy@gmail.com

2023 SUMMER REGISTRATION: BALLET I / II
JUNE 19TH THROUGH AUGUST 11TH (NO CLASS 7.3.23-7.7.23)

New students should email first for placement.

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

SELECT WEEKS

BALLET I / II M W F 4:15-5:30 PM

Table with 2 columns: Weeks (1 WEEK to UNLIMITED) and Price (\$ 85 to \$ 395)

CHECK ALL THAT APPLY: JUNE 19 - 23, JUNE 26 - 30, JULY 10 - 14, JULY 17 - 21, JULY 24 - 28, JULY 31 - AUGUST 4, AUGUST 7 - 11

Female Uniform: Solid color light blue 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.

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.

READ & SIGN DATE

SEND YOUR COMPLETED FORM AND A CHECK PAYABLE TO:

CHAMPAIGN BALLET ACADEMY
2810 WEST CLARK RD.
CHAMPAIGN, IL 61822