

www.champaignballet.com champaignballetacademy@gmail.com

2024 SPRING REGISTRATION: BALLET V 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)

| Student's Name | | | | Age | Date of Birth | ate of Birth | |
|--|--|--|---|---|------------------------------|-----------------------|--|
| Address | | | City | Zip | | | |
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| Academic Sci | | | | | | | |
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| BALLET V | | M/T/TH/F | 5:30-7:00 pm | | | \$ 2940 | |
| | | W | 4:45-6:45 pm | | | | |
| | | • | о от ю р | | | | |
| POINTE | | M/TH | 7:00-7:30 pm | | | \$ 361 | |
| | _ | | 7100 7100 piii | | | | |
| | | | | | | | |
| Female Uniform | : Solid color navy | blue leotard, pin | k tights, pink canvas balle | et slippers, pointe shoes, ha | ir styled in a balle | t bun. | |
| Male Uniform: | Solid white color | olor male leotard, thick black tights or black bicycle shorts, dance belt, white ankle socks, black ballet | | | | lack ballet | |
| | slippers. | | | | | | |
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| DI EASE DEAD THIS EOL | DM CADEELILLY BE AWA | DE IN DEGISTEDING V | OLIDSELE OD VOLID MINOD CHIL DA | WARD FOR PARTICIPATION IN BALLET | /DANCE/MOVEMENT CL | ASSES THAT VOLL | |
| | | | | T SUSTAIN ARISING FROM PARTICIPAT | | 433E3 THAT 100 | |
| CHAMPAIGN BALLET AC | CADEMY WAIVER AND RE | ELEASE OF ALL CLAIMS | S AND PERMISSION TO SECURE TR | EATMENT | | | |
| or my minor child/ward ma | ay sustain as a result of pa | rticipating in any and all | | and I agree to assume full risk of injuries movement. I agree to waive and relinquis | | | |
| | • | | | | annuladan that Chamaina | - Dallat Asadamu ar | |
| its agents will not be response | onsible for monitoring my of | child/ward's activities afte | r ballet/dance/movement classes. I fur | e/movement classes. I recognize and act ther agree to indemnify and hold harmles sustained by me or my minor child/ward | s and defend Champaign I | Ballet Academy and | |
| associated with ballet/dan | | any and an claims result | ing from injuries, damages and losses | sustained by the of thy million child/ward | ansing out or, connected w | iii, oi iii aiiy way | |
| | | | | pital, physician, and/or medical personne harges incurred. I recognize and acknowl | | | |
| agents will not be respons | | nospital or healthcare pro | | Champaign Ballet Academy and its agents | | | |
| , | | | and Permission to Secure Treatment. | | | | |
| USE OF NAMES AND IM | | | | | | | |
| Dancers, and their parent in promoting Champaign I | s/guardians, agree to allow Ballet Academy, | v their names and image | es (photographs, video and likeness) to | be used and distributed to private and/o | or public organizations (inc | luding media) for use | |
| DEAD O OLO | .ı | | | DATE | | | |
| READ & SIGN | V | | DATE | | | | |

SEND YOUR COMPLETED FORM AND A CHECK PAYABLE TO:

CHAMPAIGN BALLET ACADEMY 2810 WEST CLARK RD CHAMPAIGN, IL 61822