



www.champaignballet.com
champaignballetacademy@gmail.com

2026 SUMMER REGISTRATION: BALLET I / II
JUNE 15 THROUGH AUGUST 7 (NO CLASS 6.29-7.3)

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?

Table with columns: BALLET I / II, M W F, 4:15-5:30 PM, and pricing for 1 Week to Unlimited.



Credit Card* Discounted (Check/Cash)

* Invoice will be emailed for credit card payments

**Weeks added once the semester begins requires separate registration and payment for additional weeks.

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, white canvas 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