

Napa Valley Ballet Summer Program

Student registration form

Student's name: _____ Age: _____

2nd Student's name: _____ Age: _____

Parent's name: _____

Address: _____ City: _____

Zip: _____ Email _____

Phone number to reach during day: _____

Student 1

Session I July 6-10, 2009: Class Level _____

Session II July 13-17, 2009: Class Level _____

Student 2

Session I July 6-10, 2009: Class Level _____

Session II July 13-17, 2009: Class Level _____

Tuition:

Level 1 & 2: \$65 per week / \$125 both weeks: Total _____

Level 3: \$75 per week / \$140 both weeks: Total _____

Level 4 & up: \$175 per week / \$335 both weeks: Total _____

Total due _____

Physician's Name: _____ Phone Number _____

Liability Waiver: I hereby waive any claim or claims against **Napa Valley Ballet**, its agents and/or employees, for personal injury to myself or my child while participating in this program. I further agree to indemnify and hold harmless **Napa Valley Ballet**, its agents and/or employees from any claim or claims for personal injury or property damage against said entity, arising from any activity by my children or myself, which causes such injury or damage. I hereby authorize qualified physicians, or other health care professionals to render medical treatment, care or hospitalization that they may deem necessary for my child in case of accident or injury during participation in this program. I agree to assume any and all financial responsibility for the participant.

Parent/guardian

Signature: _____ Date: _____

