

2010 Napa Valley Ballet Summer Intensive
Ballet Program

Student registration form (please fill out 1 per child)

Student's name: _____ **Age:** _____

Parent's name: _____

Address: _____ **City:** _____

Zip: _____ **Email** _____

Phone number to reach during day: _____

Session I: July 19-23,2010 Class Level _____

Session II: July 26-30,2010: Class Level _____

Session III: August 2-6,2010: Class Level _____

Times/Tuition:

Pre-Ballet: 10:00am-10:45am M-F \$65 per week Total _____

Ballet 1 & 2: 10:00am-11:00pm M-F \$75 per week Total _____

Ballet 3A & 3B: 11:00am-12:00am M-F \$75 per week Total _____

Ballet 4-8: 11:00am-12:30pm M-F \$85 per week Total _____

Teen/Adult Ballet: 6:00pm-7:30pm M-F \$85 per week 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**, it's 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: _____