



Summer 2010
Int./Adv. Division (Levels 5-9)

REGISTRATION FORM
DEADLINE TO REGISTER: MAY 8TH

Student Name _____ Phone _____

Home Address _____
Street Address City State Zip Code

Email Address _____

Parent Names _____

[] Female [] Male Date of Birth _____ Age _____ Grade (Fall 2010) _____

[] I have been a student at Marin Ballet. Year _____ Level _____ [] I am new to Marin Ballet

Emergency Contacts: Name _____ Phone _____

Name _____ Phone _____

CLASS ENROLLING IN:

- [] Level 5 Workshop (July 5-July 30) \$850
[] Level 6 Workshop (June 21-July 30) \$1,220
[] Level 7 Workshop (June 21-July 30) \$1,220
[] Level 8/9 Workshop (June 21-July 30) \$1,260

PAYMENT:

Registration Fee (*new students only, will be credited to Fall 2010 registration)
I understand that Marin Ballet is a not-for-profit organization and that tuition covers approximately 65% of the school's expenses. Therefore, I enclose a contribution of

Tuition: \$ _____
\$35 _____

\$ _____
TOTAL \$ _____ [] Check Enclosed

Credit Card Payment Authorization in the Amount of \$ _____

[] Visa [] MasterCard Card # _____ Exp _____ CVC (3 digit code) _____

Billing Address _____

Signature _____

I hereby give Marin Ballet or its designated representative permission to obtain emergency medical attention, short of major surgery, for my child/ward. I understand that dancing is a strenuous exercise and there is risk of injury in the execution of dance. My child/ward is in good and normal physical condition and I will notify Marin Ballet about changes in her/his fitness. I will not hold Marin Ballet responsible for any injuries resulting from dance training. I release any claims to photos/videos taken of my child/ward during their time at Marin Ballet and grant Marin Ballet permission to use them in promotional materials. Please list any allergies, medications, or medical conditions that pertain to your child/ward:

Parent/Guardian Signature _____ Date _____