



Summer 2010
Pre-Ballet (ME, CM, Prep 1, Prep 2)

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(ES) ENROLLING IN:
Creative Movement Workshop (July 26-30) \$150
Ongoing Class - ME Saturdays 10:15 - 11:00am \$95
Ongoing Class - CM Saturdays 10:00 - 11:00am \$120
Ongoing Class - Prep 2 Wednesdays 4:00 - 5:00pm \$120
Ballet Preparatory Workshop (July 19-23) \$185
Ongoing Class - ME Saturdays 9:00 - 9:45am \$95
Ongoing Class - CM Wednesdays 3:00 - 4:00pm \$120
Ongoing Class - Prep 1 Saturdays 10:00 - 11:00am \$120
Ongoing Class - Prep 2 Saturdays 9:00 - 10:00am \$120

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 \_\_\_\_\_