

2010 Ballet and Dance Summer Intensive

Scottsdale School of Ballet
14455 N. 79th Street Suite C - D
Scottsdale, AZ 85260

480-948-8202

www.scottsdaledance.com

scottsdaleballet@att.net

Student Information

Student Name _____

Last

First

MI

Address _____

City _____ State _____ ZIP _____

Email _____

Date of Birth ____/____/____ Age ____ Years of Ballet _____

I would like to enroll my child in the following option: **Please check the appropriate boxes that apply. Return form with \$45.00 NON-REFUNDABLE registration fee. Registration fee will be applied to tuition once student has enrolled. We accept only cash or checks for payment at this time.**

One week option only available with week 1, 2, 3 or 4.

<input type="checkbox"/> 5 Weeks	<input type="checkbox"/> 4 Weeks	<input type="checkbox"/> 3 Weeks	<input type="checkbox"/> 2 Weeks	<input type="checkbox"/> 1 Week
All Weeks ____	Weeks 1,2,3,4____ Weeks 2,3,4,5____	Weeks *1,2,3____ Weeks 2,3,4____ Weeks 3,4,5____	*Weeks 1,2____ Weeks 2,3____ Weeks 3,4____ Weeks 4,5____	*Week 1 ____ Week 2____ Week 3 ____ Week 4 ____

Parent / Guardian Information

Name _____

Last

First

MI

Address _____

City _____ State _____ ZIP _____

Phone _____ Work Phone _____

Emergency Contact

Name _____ **Phone** _____

Student Physician

Name _____ **Phone** _____

By signing below I hereby grant permission to the persons listed above as emergency contacts and my child's physician to take whatever action deemed necessary in their judgment for the health of my child in case of emergency, accident, or illness if I cannot be reached. I also affirm that my child is covered by a health insurance or medical plan that includes coverage for all injuries that may be sustained through the physical activities involved with dance exercise. Scottsdale Dance Academy, LLC and Scottsdale School of Ballet will not be held responsible for any claims, cost or liabilities resulting from any lack of coverage. I have read and accept all terms and conditions.

Signature _____ Date _____

By signing below I hereby affirm that I have read and agree to all regulations in this brochure. In addition I grant permission to Scottsdale Dance Academy, LLC and Scottsdale School of Ballet to use in perpetuity, my child's image from photographs, films, video, and other media for promotional purposes or promotional materials used in marketing. This may include but not be limited to use in brochures, posters, flyers, television, Internet, exhibitions and web broadcast.

Signature _____ Date _____

*** A \$30.00 supplement fee applies to this option with guest INT I - ADV.**