

**Ashburn Academy of Ballet**  
**Four Week Summer Session: July 20 - August 13, 2009**  
*(Please use separate form per student)*

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone/Cell Phone** \_\_\_\_\_

Person Responsible for Payment \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Previous Training \_\_\_\_\_

**Medical Conditions** \_\_\_\_\_

<b>Class Length</b>	<b>1<sup>st</sup> class/week</b>	<b>2<sup>nd</sup> class/week</b>	<b>3<sup>rd</sup> class/week</b>
35 minutes	\$60 for session	--	--
45 minutes	\$65 for session	--	--
1 hour	\$70 for session	\$45 for session	\$40 for session
1.25 hours	\$72 for session	--	--
PP 5/6/7/8 Program	\$200 for session	--	--

**Walk-in Rates are available for Pre-Professional Students only:**

**1 hr. - \$20, 1.25 hr. - \$22, 1.5 hr. - \$25, Pointe Class - \$5**

**\*The four week summer session will not be pro-rated for absences.**

First Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Tuition Rate \$ \_\_\_\_\_

Second Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Tuition Rate \$ \_\_\_\_\_

Third Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Tuition Rate \$ \_\_\_\_\_

**TOTAL TUITION DUE** \_\_\_\_\_

***Waiver of Liability and Medical Release***

I understand that dance instruction may require an instructor to physically touch a student during class time for the purposes of correcting technique, and I agree to allow this touching, and hold harmless and release Ashburn Academy of Ballet, Inc., from any liability regarding such.

I understand the risks of illness or injury from participating in any dance program. I hereby waive, release and hold harmless Ashburn Academy of Ballet, Inc., its directors, staff and heirs from liability or claim resulting from participation in classes and any other related activities involved with the program.

**I have read, understand and agree to adhere to the policies and procedures of the Ashburn Academy of Ballet.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Waiver of Liability and Medical Release

I understand that dance instruction may require an instructor to physically touch a dance student during class time for the purposes of correcting dance technique, and I or my parent/guardian agree to allow this touching, and hold harmless and release Ashburn Academy of Ballet, Inc., from any liability regarding such.

I understand the risks of illness or injury from participating in any dance program. I hereby waive, release and hold harmless Ashburn Academy of Ballet, Inc., its directors, staff and heirs from liability or claim resulting from participation in classes, rehearsals, performances and any other related activities involved with the dance program.

I understand that Ashburn Academy of Ballet, Inc. has the right to terminate my or my child's participation in the dance program at any time for any reason.

I understand that once my child's class has been dismissed I am responsible for promptly picking up my child and hold harmless and release the Ashburn Academy of Ballet, Inc., from any liability after my child has been released.

**I have read, understand and agree to adhere to the policies and procedures of the Ashburn Academy of Ballet. I am aware that tuition is due by the 1<sup>st</sup> of each month and that a \$20 late fee will be assessed if tuition is paid after the 10<sup>th</sup> of each month.**

Please check one of the following:

1. \_\_\_\_\_ **I give** permission for the Ashburn Academy of Ballet, Inc. to seek medical treatment for my child in the case of an injury or serious illness that requires immediate attention. I agree that if my child needs to be transported to an emergency facility that decision will be made by the emergency team responding to the situation.

\_\_\_\_\_ **I do not give** permission for the Ashburn Academy of Ballet to seek medical treatment for my child in the case of an injury or serious illness that requires immediate attention. Please contact \_\_\_\_\_ at \_\_\_\_\_ for further instructions.

2. \_\_\_\_\_ **I give** permission for the Ashburn Academy of Ballet, Inc. to use photographs of my child in advertisements and/or on the school's website.

\_\_\_\_\_ **I do not** give permission for the Ashburn Academy of Ballet, Inc. to use photographs of my child in advertisements and/or on the school's website.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_