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# Ballet School 2024 Summer DanceAbilities Registration Form

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age by 6/12 \_\_\_\_\_ M/F

Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_ Email \_\_\_\_\_

Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact's Phone \_\_\_\_\_

What specific needs does the student require to be safe and taken care of during the class? i.e. Specific times for bathroom breaks, assistance with bathroom needs, medication, behavior that should be addressed a certain way, mobility aids, etc.:

## DanceAbilities:

☐ July 29-Aug. 2, ages 8 and older, 1:00 pm-3:00 pm \$175

Deposit: \$87.50

Parents, guardians and/or community support persons are welcome and encouraged, but not required to, stay through the duration of the workshop.

I understand that cancellations must be received in writing at least 14 days before the camp/workshop start date. No refunds or credits will be given after this time. Camps that do not meet our minimum enrollment requirement may be cancelled and deposits refunded. Families not currently enrolled at the Ballet School will be charged a one-time summer registration fee of \$20.

If no family member can be reached in the event of a medical emergency, I authorize The Ballet School to allow emergency medical treatment.

I hereby release and hold harmless The Ballet School of Chapel Hill/Tendu Investments, LLC its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns from all liability for personal injury, including death, as well as all property damage or loss arising out of my child's participation in this Camp Program. I understand that this release and indemnification releases liability for the conduct of The Ballet School of Chapel Hill/Tendu Investments, LLC and its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns.

Signature of Payer: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Amt Due: \_\_\_\_\_ Reg. Fee: \_\_\_\_\_ Early/Late: \_\_\_\_\_ Amt. Rec'd: \_\_\_\_\_ Date: \_\_\_\_\_ Method/Chk# \_\_\_\_\_

Bal. Due \_\_\_\_\_ Remaining Bal. Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Method/Chk# \_\_\_\_\_

Refund: \_\_\_\_\_ Date: \_\_\_\_\_ Method/Check#: \_\_\_\_\_ Notes: \_\_\_\_\_

Ballet School of Chapel Hill • 1603 East Franklin Street, Chapel Hill, NC 27514 • 919-942-1339

[www.balletschoolofchapelhill.com](http://www.balletschoolofchapelhill.com)