

2017 • July Ballet Intensive Division I Registration Form

One registration form per student

Student Name:	Sex: Ag	e: Birth Date	e:/
Home Address:	City:	State: _	Zip:
Parent/Guardian Name:	Home P	hone: () _	
Cell Phone: () Parent/G	uardian Email:		
Emergency Contact Name:	Home F	Phone: () _	
Emergency Contact Relationship to Student:	Cell Phone: ()		
Medical History, if applicable:			
Select your program by checking the boxes belo	n and return with payment to Ballet I	Royale Minnesota	a.
Division I Intensive 2 Weeks	Age 8+ w/ minimum one year of ball Placement Evaluation Required if Non-Bal		
2 Week Intensive • July 17–July 28 • 12:30pm–2:45pm			
Students will participate in the Summer Showcase Performance		\$ 298	
	TOTAL PROGRAM TUIT	TON: \$	
MINUS ENCLOSED NON-REFUNDABLE DEPOSIT: \$ < 100.00 >			00.00 >
REMAINING TUITION DUE BY JUNE 5, 2017:			
TUITION PAYMENT Cash or Checks payable to "Ballet Royale Minnesota" or Deposit will be returned <i>only</i> if student is unable to atten		aleMN.org	
I certify that I am in good health and am capable of partice hereby waive all claims for loss, injury or illness to person Ballet Royale Minnesota and its agents all rights to my or readver	or property relating to my participation i	in class and/or dand	ce activities. I grant
Student Signature:Date:Date:			
PARENT/GUARDIAN SIGNATURE IF STUDENT IS UNDER 18 YEARS OLD			