



Registration Date: _____

Deposit: _____

Payment owed: _____

Final Payment: _____

REGISTRATION FORM 2017

Children's Summer Classes for ages 3-12

STUDENT INFORMATION

Student Name: _____

Age: _____ Date of Birth: _____ Male/Female: _____

Parent/Guardian name(s): _____

Address: _____

Cell Phone: _____ Other/Home Phone: _____

E-Mail Address: _____

Last/Current Studio Attended: _____

Years of Ballet: _____ Any past/current injuries that we need to be aware of: _____

CHILDREN'S SUMMER DIVISION CLASSES

Please select Program(s) and weeks

Summer Dance & Performing Arts Camp (Ages 6-12): Mondays -Thursdays 10AM-2PM. Classes include Ballet, Hip-Hop, Jazz, Tap, Contemporary, Tumbling, Theater and more!

Select Weeks:

- Week 1: June 12-15
- Week 2: June 19-22
- Week 3: July 10-13
- Week 4: July 17-20

Tuition:

- All 4 weeks: \$720
- Any 3 weeks: \$575
- Any 2 weeks: \$400
- Any 1 week: \$215

Princess & Superhero Dance Camp (Ages 3-6): Mondays-Thursdays 9AM-12PM. Classes include Ballet, Creative Movement, Tap, Tumbling, Arts, Crafts and more!

Select Weeks:

- Week 1: June 12-15
- Week 2: June 19-22
- Week 3: July 10-13

Tuition for Princess & Superhero Dance Camp:

All 3 weeks: \$400
Any 2 weeks: \$300
Any 1 week: \$175

Art in Motion Company Dance Intensive (ages 6-12):

July 24-28, Monday -Friday, 10AM-3PM. This Intensive kicks off MBA's new Team for our younger students!
Tuition: \$300

Tuition is due in full by May 1st. To guarantee a spot in the program, a \$50 non-refundable deposit is due by April 1st.

Discounts available for boys (30% off) and siblings (10% off, not to be combined with boys discount)

Dates, times and prices subject to change. All fees are non-refundable.

Registration Fee: \$15

PAYMENT

CLASS TOTAL \$	_____
	+
REGISTRATION FEE \$	_____ 15
	=
TOTAL \$	_____
DOWNPAYMENT \$	_____
AMOUNT DUE \$	_____

Please make checks payable to: **Master Ballet Academy.**

All major credit cards accepted (please note, a 2% fee is charged on all credit card sales)

Submit form with payment to:

Master Ballet Academy, 7625 E. Redfield Rd, #200, Scottsdale, AZ 85260
Or call 602-996-8000 or email MasterBalletNews@gmail.com

Liability Release Form

All Parents (or dancers, if not a minor) must sign before attending any Master Ballet Academy Classes.

I recognize and understand the risks of physical injury inherent in dance training and I am willing to assume those risks. I will not hold Master Ballet Academy aka Nina Marlow School of Ballet, LLC., or any faculty member, employee, or volunteer liable for injuries sustained or illnesses contracted by the participant while in attendance and/or participating in classes in the above mentioned school. I understand that the student may be physically touched during dance training and/or dance instruction. I will not hold Master Ballet Academy and its faculty members liable for physical touching which is incidental to and in the course of dance instruction and training. I agree to indemnify Master Ballet Academy and it's faculty members and volunteers of both for all liabilities, costs, and judgments arising from acts of omissions committed by me or my child which may result in injury or damage to any person or party.

Student Name: _____

Parent(s) Name(s): _____

Parent(s) Signature(s): _____

Emergency Contact Name: _____

Emergency Contact Relationship to student: _____

Emergency Contact Phone Number: _____

Photo/Media Release Form

The studio may use my/my child’s name, likeness, video or photo in marketing, promotional and advertising pieces; to include (but not limited to) Master Ballet Academy website, printed collateral, facebook, Instagram, youtube, etc.

Signature of Parent/Guardian: _____

Date: _____

Signature of Dancer: _____

Date: _____

Medical /Health/Emergency Information Form

I DO / I DO NOT (please circle) Authorize the administration of Tylenol, and antacid, or similar non-prescription medication, if needed.

Dosage: _____

Please List any medical conditions/allergies that we should be aware of, as well as any medication that your child is currently taking:

Personal Physician/Doctor Name: _____

Personal Physician/Doctor Phone Number: _____

Insurance Company: _____

In the Event of an emergency if parent/legal guardian or the emergency contact listed is not available I give consent to Master Ballet Academy aka Nina Marlow Ballet School LLC., to render treatments necessary and take action as necessary for the health and well-being of my child/children. I affirm that I hold a valid personal health insurance policy sufficient to cover any and all circumstances that may arise from participating at Master Ballet Academy.

Signature of Parent/Guardian: _____

Date: _____

If a parent/guardian cannot be reached, the following person may assume responsibility for my child:

Relationship to student: _____

Name of Emergency Contact: _____

Phone number of Emergency Contact: _____

All summer tuition payments are non-refundable.
