



Registration Date: _____

Payment: _____

REGISTRATION FORM SUMMER

MBA Youth Division Summer 2023

STUDENT INFORMATION

Student Name: _____

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

Parent/Guardian name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other/Home Phone: _____

E-Mail Address: _____

Last/Current Studio Attended: _____

Years of Ballet: _____ Years on Pointe (If applicable): _____

Other dance studied: _____

Any past/current medical issues or injuries that we need to be aware of: _____

SELECT LEVEL / Classes held in-person

Summer Level A: ages 3-6

An educational dance program with a fun, thoughtful focus on Ballet, Tap, Acting and Creative Movement

Mondays and Wednesdays
11:00am – 12:30pm

June 26 28
 July 3, 5
 July 10, 12 (with showcase!)

Session 2:
 July 17, 19
 July 24, 26
 July 31, Aug 2 (with showcase!)

Tuition:

- 1 Session / 3 weeks = \$160
- Both sessions / 6 weeks = \$320

*Save on both sessions if paid in full by May 5th / **\$275**

Summer Level B: ages 6-9

Classical Ballet Technique and Stretching, Contemporary, Acting, Jazz and more!

Mondays, Wednesdays and
Fridays, 9:30am – 11:00am

Session 1:
 June 26, 28, 30
 July 3, 5, 7
 July 10, 12, 14 (with showcase!)

Session 2:
 July 17, 19, 21
 July 24, 26, 28
 July 31, Aug 2, 4 (with
 showcase!)

Tuition:

- One session / 3 weeks: \$350
- Both sessions / 6 weeks: \$700

*Save on both sessions if paid in full by May 5th / **\$650**

Other fees, rules and discounts

- Registration fee: \$25 (waived for current, year-round MBA students)
- 10% off siblings, the first pays the full amount / 30% off boys
- All tuition and fees are non refundable without a doctor's note
- Classes must have 4 dancers enrolled per week or the class may be cancelled
- Discounts cannot be combined

PAYMENT

CLASS TOTAL \$ _____
+
REGISTRATION FEE \$ _____ 25
=
TOTAL \$ _____

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

All major credit cards accepted (please note, a 3.75% fee is charged on all credit card payments)

Submit form with payment to:

Master Ballet Academy, 15795 N 76th St., Scottsdale, AZ 85260

Or call 602-996-8000 to register by phone

All tuition is due in full before your student can participate in classes at Master Ballet Academy.

Tuition cannot be credited towards any other dance training at Master Ballet Academy, including private lessons.

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 its 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: _____

Name of Emergency Contact: _____

Phone number of Emergency Contact: _____

Thank you for joining Master Ballet Academy for Summer 2023!

Dates, times, prices, details subject to change