



Registration Date: _____

Payment: _____

REGISTRATION FORM SUMMER

MBA Youth Division Summer 2022

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, and Creative Movement

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

June 20, 22
 June 27, 29
 July 4, 6 (with showcase!)

Session 2:
 July 11, 13
 July 18, 20
 July 25, 27 (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, Jazz and more!

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

Session 1:
 June 20, 22, 24
 June 27, 29, July 1
 July 4, 6, 8 (with showcase!)

Session 2:
 July 11, 13, 15
 July 18, 20, 22
 July 25, 27, 29 (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**

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 2022!

Dates, times, prices, details subject to change