



# FIRST STATE BALLET THEATRE

## ADVANCED SUMMER INTENSIVE PROGRAM REGISTRATION FORM JULY 5 – JULY 23, 2010

Student Name \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Other Parent \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Has the student had any serious physical injuries? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Does the student have any mental, emotional or physical conditions that might affect or impair his or her ability to participate in dance training? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Is the student allergic to any medications? \_\_\_\_\_

If yes, please list them. \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

\_\_\_\_\_  
Name of Current Studio

\_\_\_\_\_  
Address

Number of years of ballet training \_\_\_\_\_ Current number of classes each week \_\_\_\_\_

Significant roles, ballets, dates and locations  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** In order to secure a place in the Advanced Summer Intensive Program, a \$100.00 non-refundable deposit is due by May 1, 2010. This deposit will be applied to the total tuition of \$600.00.

In signing this registration form for myself or on behalf of my minor student, I understand that the balance of the Advanced Summer Intensive Program tuition is due on June 1, 2010, and that a \$15.00 late fee will be applied to the tuition after this date. All payments should be mailed to: First State Ballet Theatre, Grand Opera House, 818 N. Market Street, 2<sup>nd</sup> Floor, Wilmington, DE 19801.

I agree that I or my minor student will abide by the rules of The School of the First State Ballet Theatre. I consent to myself or my minor student participating in the school's programs and activities.

I recognize that in spite of the care of the school and its teachers that there is a possibility of injury during classes. In the case of such an injury to myself or my minor student, I release The School of the First State Ballet Theatre, its teachers and associated personnel from all responsibility.

In the event of injury to myself or my minor student which requires emergency medical attention, I permit the school to obtain such care and I promise to pay all associated costs upon receipt of the bill. I understand that The School of the First State Ballet Theatre is not responsible for any student outside of the studio.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I consent to FSBT's use of all photos and biographical information of myself or my minor student for publicity and programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_