

BALLET VIRGINIA INTERNATIONAL

REGISTRATION FORM

Va. Beach Studio, 503 Central Drive 23456
Four Week Summer Session June 22-July 18

Student's Name	Birth Date	Age	Grade Completed
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Address _____

City	State	Zip
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Phone (home) _____

Mother's Name	Phone (work)	(Cell)
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Father's Name	Phone (work)	(Cell)
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Emergency Contact	Phone
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E-mail: _____

Office Use _____ Registration fee: \$25.00 new students

- *Children's Program Norfolk, class/level: Ballet B Monday, 4:30-5:30 (ages 5-7) \$40.00
 Ballet 2 Monday, 5:30-6:30 (ages 8-10) \$40.00
 Beginning Ballet Wednesday, 4:30-5:30 (ages 4-5) \$40.00
 Ballet 1 Wednesday, 5:30-6:30 (ages 7-9) \$40.00

My check or money order is enclosed for entire session amount totaling: _____

I wish to charge my: Mastercard Visa
(2% processing fee will be charged)

Card #	Signature of card holder
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Medical Release

I understand that Ballet Virginia will not be held responsible for any bodily injuries sustained while on the premises, or for loss or damage to any personal items brought on the premises by students or their families. In the event of an emergency, I hereby give authority to Ballet Virginia to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

Parent Signature	Date
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Ballet Virginia has the right to remove any student from class if account payment arrangements are not kept. I have read and agree to adhere to all Ballet Virginia's policies.

Dancer's Signature _____

Parent/Guardian Signature _____