

BALLET VIRGINIA INTERNATIONAL

REGISTRATION FORM

Six Week Summer Session June 27-Aug. 8 (closed July 4)

Student's Name _____ Birth Date _____ Age _____ Grade Completed _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____

Mother's Name _____ Phone (work) _____ (Cell) _____

Father's Name _____ Phone (work) _____ (Cell) _____

Emergency Contact _____ Phone _____

E-mail: _____

Office Use _____ Registration fee: \$25.00 new students

*Classes are held on the following Saturdays: June 27, July 11, 18, 25, Aug. 1, 8

- *Children's Program Norfolk, class/level: Pre Ballet \$58.00 Beginning Ballet \$66.00 Ballet A \$66.00
 Ballet B \$66.00 Beginning Tap \$66.00 Ballet/Tap combo \$100.00
 Bridge/Pre-pro A \$90.00

Community Program, class/level: _____ Tuition Payment: _____

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 _____

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 _____

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 _____