



FIRST STATE BALLET THEATRE

CHILDREN'S SUMMER WORKSHOP REGISTRATION FORM JULY 26 – 30, 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 Children's Summer Workshop, a \$50.00 deposit is due by May 1, 2010. This deposit will be applied to the total tuition of \$175.00.

In signing this registration form on behalf of my minor student, I understand that the balance of the Children's Summer Workshop tuition is due on July 5, 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, 2nd Floor, Wilmington, DE 19801.

I agree that my minor student will abide by the rules of The School of the First State Ballet Theatre. I consent to 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 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 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 my minor student for publicity and programs.

Signature _____ Date _____