

Registration Form

Student Information

Dancer's Name _____

Date of Birth _____

Address _____

City _____

State _____

Zip _____

Cell phone _____

Email address _____

Parent/Guardian Information

Parent/Legal Guardian's Name _____

Relationship to dancer _____

Address _____

City _____

State _____

Zip _____

Email address _____

Phones

Home _____

Work _____

Cell _____

Parent/Legal Guardian's Name _____

Relationship to dancer _____

Address _____

City _____

State _____

Zip _____

Email address _____

Phones

Home _____

Work _____

Cell _____

Contact Preferences

Preferred email for announcements _____

Preferred contact person for student issues _____

May we leave a message (check all that apply)

email home voicemail work voicemail cell voicemail with someone at your home

To receive text messages regarding important or emergency school updates, check all numbers that should receive the text message updates:

Student's Cell Mother's Cell Father's Cell

Summer Intensive Program

July 22 - August 16, 2024

Tuition

<input checked="" type="checkbox"/> Check your selection	Tuition
<input type="checkbox"/> Week 1, July 22 - 26	\$410
<input type="checkbox"/> Week 2, July 29 - August :	410
<input type="checkbox"/> Week 3, August 5 - 9	410
<input type="checkbox"/> Week 4, August 12 - 16	410
<input type="checkbox"/> All 4 weeks, July 22 – August 16	1,500

Tuition	
Family discount 5%	
Total paid with registration	

tuition discount to 2 or more students in one family

Checks and money orders should be made payable to 'Swarthmore Ballet Theatre'. Cash is also accepted. \$410 minimum payment is due at registration; balance is due by June 24, 2024.

Swarthmore Ballet Theatre
Summer Intensive Program

July 22 - August 16, 2024

Emergency Contact (Adult other than parent)

Emergency Contact's Name

Phone(s)

Relationship to dancer

Medical Release and Authorization

Known medical conditions

Physician's Name

Phone

Medical Insurance

Company Name

Phone

Policy Identification Number

Group Number

Subscriber's Name

Relationship to dancer

I am aware of the risk of physical injuries associated with dance, including the stresses on the body associated with repetitive exercise and movement. On behalf of the enrolled dancer, I assume these risks, and shall not hold the Swarthmore Ballet Theatre, its faculty or agents liable in any way for any injuries sustained while attending class or a school sponsored activity or performance from July 22, 2024 through August 16, 2024.

I also assume responsibility for the dancer's health during the course of this program. I will not allow the dancer to begin the program with a known injury, and I will notify the Director if the dancer's health status changes. I also assume responsibility for providing the dancer with healthy nutritional choices, to ensure she or he maintains proper energy levels for the physical demands of the program.

I will inform SBT of any relevant medical conditions, including known allergies and other physical limitations which might affect the dancer's safety or achievement. I have noted any medical conditions, allergies or limitations on my child's registration form. I also give my permission for the dancer to be treated for emergency medical care, if warranted. Every attempt will be made by the school to contact me regarding any such care.

I give Swarthmore Ballet Theatre Inc. and The Lori Ardis Ballet Company the right to use any photos or videos for promotion of the companies (newspapers, flyers, website, etc.). They will not be used for any other purpose.

Date

Signature (of parent/guardian if student is under 18 years of age)