

Marin Ballet - Summer 2008 Registration Form

****Registration deadline May 31!****

Student Name _____ Phone (_____) _____ E-mail _____

Home Address _____
Street Address _____ City _____ State _____ Zip Code _____

Female Male Date of Birth _____ Age _____ Academic School _____ Grade(Fall 08) _____

I have been a student at Marin Ballet. Year _____ Level _____ I am new to Marin Ballet.

Marin Ballet funding sources require information regarding racial / ethnic origin. Responses will be held as confidential.

Asian-American/Pacific Islander African-American Hispanic/Latino White Other _____

Mother's/Guardian's Name _____ Phone (H) _____ (Cell) _____

Home Address _____
Street Address _____ City _____ State _____ Zip Code _____

Occupation _____
Position _____ Employer _____ Work Phone _____ e-mail _____

Father's/Guardian's Name _____ Phone (H) _____ (Cell) _____

Home Address _____
Street Address _____ City _____ State _____ Zip Code _____

Occupation _____
Position _____ Employer _____ Work Phone _____ e-mail _____

Billing Name & Address (if different from above): _____

WORKSHOP REGISTRATION, please check your workshop level. If you would like to request permission to attend part of a workshop, please submit request in writing with this registration form.

- | | | |
|--|--|---|
| <input type="checkbox"/> Ballet Preparatory 1 & 2 Workshop | <input type="checkbox"/> Level 3 & 4 Nutcracker Early-bird
(June 3, 4, 6, 10, 11, 13: 4-6pm - no fee) | <input type="checkbox"/> Level 5 Workshop |
| <input type="checkbox"/> Level 1 Workshop – Session A | <input type="checkbox"/> Level 3 Workshop | <input type="checkbox"/> Level 6 Workshop |
| <input type="checkbox"/> Level 2 Workshop – Session A | <input type="checkbox"/> Level 4 Workshop | <input type="checkbox"/> Level 7 Workshop |
| <input type="checkbox"/> Level 1 Workshop – Session B | | <input type="checkbox"/> Level 8/9 Workshop |
| <input type="checkbox"/> Level 2 Workshop – Session B | | |

ONGOING WEEKLY CLASSES (ME, CM, Prep 1, Prep 2, Intro, Levels 1 & 2) please specify class(es) below:

Class Level	Day of Week	Time	Tuition

PAYMENT:

Tuition Total \$ _____

Sibling Discount (-20% of lesser tuition) \$ (_____) _____

Registration Fee (*new students only, will be credited to Fall 08 registration) \$ 25.00*

I understand that Marin Ballet is a not-for-profit organization and that tuition covers approximately 65% of the school's expenses. Therefore, I enclose a contribution of \$ _____

TOTAL \$ _____ Check Enclosed

Credit Card Payment Authorization:

TOTAL AMT CHARGED \$ _____

Visa Mastercard Card # _____ Exp _____ Signature _____

Marin Ballet Summer 2008

Student Medical Information and Release Form

- I hereby give Marin Ballet or its designated representative permission to obtain emergency medical attention, short of major surgery, for my child/ward, _____ (name) _____ **(initial)**
- My child/ward is subject to certain medical conditions or must take the following prescribed medications on a regular basis _____
- List allergies/reactions & treatment _____
- I understand that dancing is a strenuous exercise and there is risk of injury in the execution of dance. My child/ward is in good and normal physical condition, and I will notify Marin Ballet about changes in her/his fitness.
I will not hold Marin Ballet responsible for any injuries resulting from dance training. _____ **(initial)**

Student's Physician _____ Phone _____

Dentist _____ Phone _____

In the case of an emergency or disaster all efforts will be made to contact the parents at the phone numbers provided on the registration form. Please provide alternative phone numbers and contacts.

Local Alternate Contacts

Out-of-Area Contacts

Name/Relationship	Phone	Name/Relationship	Phone

- I release any claims on photos or videos taken of my child/ward while they are participating at any Marin Ballet event, performance, class, etc. I agree that Marin Ballet has permission to use these photos for promotional purposes. _____ **(initial)**

Parent or Guardian Signature

Date

Grandparent Information: *Marin Ballet would like to share information regarding performances and school events with the grandparents of our students. Grandparents may also be a good additional emergency contact. We do not share mailing lists with other organizations.*

Grandparent Names _____ E-mail _____

Address _____

Grandparent Names _____ E-mail _____

Address _____