

# MARIN BALLET SUMMER 2009 REGISTRATION FORM

\*\*\*\*Registration deadline is May 2\*\*\*\*

Student Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Female  Male Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Academic School \_\_\_\_\_ Grade (Fall 09) \_\_\_\_\_

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.

Students currently enrolled in Marin Ballet classes will remain in the same level during the summer session. 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"/> Creative Movement Princess Workshop | <input type="checkbox"/> Level 1 Workshop – Session B | <input type="checkbox"/> Level 5 Intensive   |
| <input type="checkbox"/> Ballet Preparatory 1 & 2 Workshop   | <input type="checkbox"/> Level 2 Workshop – Session B | <input type="checkbox"/> Level 6 Intensive   |
| <input type="checkbox"/> Level 1 Workshop – Session A        | <input type="checkbox"/> Level 3 Intensive            | <input type="checkbox"/> Level 7 Intensive   |
| <input type="checkbox"/> Level 2 Workshop – Session A        | <input type="checkbox"/> Level 4 Intensive            | <input type="checkbox"/> Level 8/9 Intensive |

### 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 09 registration*) \$ 35.00\*

*I understand that Marin Ballet is a not-for-profit organization and that tuition covers approximately 60% 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 2009

## *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)**
- Permission to leave campus is an issue between the parent and the student. I understand that Marin Ballet cannot be held accountable if my child/ward leaves the premises. Marin Ballet provides a sign out sheet at the front desk so that the students' whereabouts are known in case of emergency and suggests that parents/guardians encourage their child/ward to use this sheet if they intend to leave campus.  
I will not hold Marin Ballet responsible for the wellbeing of my child/ward when he/she leaves Marin Ballet's campus. \_\_\_\_\_ **(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 alternate phone numbers and 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**

*Marin Ballet  
100 Elm Street  
San Rafael, CA 94901*

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(415) 453-5894 (fax)  
info@marinballet.org*