

ATLANTA BALLET

CENTRE FOR DANCE EDUCATION

2019 SUMMER PREVIEW DAY PROGRAM

REGISTRATION FORM

Print Clearly

Student Name: _____

Date of Birth (mm/dd/yy): ____/____/____ Age: _____ Gender: _____

Parent/Guardian Name(s): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address*: _____

*Print Clearly. Confirmation of enrollment and important program details will be sent via email.

Are you currently an enrolled Atlanta Ballet student for the 2018-2019 school year? Yes No

18/19 CDE Level: _____ Centre Location: _____

How did you hear about this program?

- Atlanta Ballet Website
- Atlanta Ballet Facebook
- Atlanta Ballet Instagram
- Atlanta Ballet Twitter

- Mail Flyer
- Google Search
- Word of Mouth
- Other _____

Atlanta Ballet VIRGINIA-HIGHLAND CENTRE
Summer Preview Day Program
May 28 – May 31, 2019
Ages 8 and up
Classes are Monday – Friday 9:30am – 1:00pm

Session 1 – May 28 – May 31

Atlanta Ballet BUCKHEAD CENTRE
Summer Preview Day Program
May 28 – May 31, 2019
Ages 8 and up
Classes are Monday – Friday 9:30am – 1:00pm

Session 1 – May 28 – May 31

Program Cost

Application Fee: \$35
Tuition per 1-week session: \$270

Yes, I would like to purchase early drop-off (8:00-9:00am)/late pick-up (1:15-2:00pm) service. I have added **\$75 per week** to my payment.

I understand that there are no refunds for the application fee or tuition. I understand that the application fee and full tuition payment is due at the time of registration. I understand this program has a required uniform policy, and students must wear the Atlanta Ballet uniform. I understand that this program is not licensed by Bright from the Start: Georgia Department of Early Care and Learning and is exempt to be licensed by the state.

Parent/Guardian Signature _____ Date _____

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RELEASE OF LIABILITY

I am aware that ballet training and the stretching exercises associated with it place unusual stress on the body and carry with them the risk of injury. On behalf of my child and myself (and I am no longer a minor, on my behalf), I assume the risk and agree that the Atlanta Ballet Centre for Dance Education and its Summer Chaperones shall not be liable in any way for injuries sustained during attendance at the Centre or any of its related functions. It is also understood that dance instruction involves kinetic corrections that may include physically touching the students as part of regular classwork and rehearsals.

Student Name (please print)

Date

My child is covered under the following health insurance plan: _____

Insurance Policy Number: _____ Insurance Member ID: _____

Please list any allergies, special dietary needs, learning disabilities, injuries or other pertinent information:

Parent/Guardian Signature (required if student is under 18)

Date

Emergency Contact Name & Relationship

Emergency Contact Phone Number

PHOTO & VIDEO RELEASE

I hereby give Atlanta Ballet's videographer and/or photographers the right and permission to copyright and/or use, reuse, publish, and republish photographic pictures of my child, or reproductions thereof, in color or black and white, made at Atlanta Ballet's Summer Programs, for any purposes whatsoever; including the use of any printed matter in conjunction therewith.

I hereby waive any right to inspect or approve the finished photograph and/or video as well as advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release Atlanta Ballet from any liability as a result of any distortion, blurring, alteration, optical illusion, or use in composite form, whether intentionally or otherwise, that may occur or be produced in the taking, processing, or reproduction of the finished product, its publication, or distribution of the same.

I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

Date _____

Student Name _____

I hereby certify that I am the parent and/or guardian of the student's name above, an infant or child under the age of twenty-one years, and I hereby consent that any photographs which have been or are about to be taken by the photographer may be used for the purposes set forth above.

Parent/Guardian Signature _____

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PAYMENT FORM

Completed registration and payment can be submitted in the following ways:

- Faxed to 404-874-7905
- Emailed as a scanned PDF only to kwesche@atlantaballet.com
- Mailed or Hand delivered to one of the three centre locations:

Michael C. Carlos Dance Centre
1695 Marietta Boulevard
Atlanta, GA 30318

Buckhead Centre
4279 Roswell Road Suite 703
Atlanta, GA 30342

Virginia-Highland Centre
504 Amsterdam Avenue NE
Atlanta, GA 30306

	<u>Program Cost</u>	<u>Due at the Time of Registration</u>
Virginia-Highland Centre Session 1		
Tuition	\$270	\$270
Application Fee	\$35	\$35
Buckhead Centre Session 1		
Tuition	\$270	\$270
Application Fee	\$35	\$35

Initial next to the appropriate payment method.

_____ Enclosed please find my check payment made payable to Atlanta Ballet.

Check #: _____ Amount Total: \$ _____

OR

_____ I authorize Atlanta Ballet to charge my credit card.

American Express Visa Mastercard Discover

Name as it appears on card: _____

Credit Card Number: _____

Exp. Date: _____ CW: _____ Amount Total: \$ _____

Signature: _____ Date: _____

Once the charge has been processed, Atlanta Ballet will securely dispose of all credit card information.