



Summer 2008 Performing Arts Camp

STUDENT NAME _____ M / F
 (last) (first)
 DATE OF BIRTH ____ / ____ / ____ AGE ____ GRADE (07-08) ____

PRIMARY CONTACT:

NAME _____
 RELATIONSHIP _____
 ADDRESS _____
 CITY _____ ZIP _____
 HOME _____ WORK _____ CELL _____ E-MAIL _____

Please list those, other than yourself, permitted to pick your student up from day camp
(please note we will only release your student to the people listed below or the primary contact listed above).

_____	_____	_____
Name	Relationship to student	Contact Number
_____	_____	_____
Name	Relationship to student	Contact Number
_____	_____	_____
Name	Relationship to student	Contact Number

Please read the following carefully. Students will not be permitted to attend classes until this form is completed. Please initial by each item and sign and date below.

_____ **SCHOOL POLICY:** I understand that class fees must be paid in advance of the beginning of each 6 week session. Missed classes may be made up. ballet tech cincinnati (btc) does not refund or pro-rate for absences or missed classes due to misconduct or tardiness.

_____ **LIABILITY RELEASE:** I am aware that ballet dancing and other dance forms place unusual demands on the body and carry with them the risk of physical injury. On behalf of my student/myself, I assume the risk and agree that ballet tech cincinnati, its Board of Directors, faculty and any chaperones or agents shall not be liable for any injuries sustained or loss of property during attendance at class or any of its related functions.

_____ **PHOTO RELEASE:** I give permission for photographs/television footage which may include my student/myself to be used for promotional purposes on television, newspapers, magazines and other communications media.

_____ **EMERGENCY MEDICAL RELEASE:** I give permission for emergency medical care of my student/myself:

MEDICAL INSURANCE _____ AGREEMENT # _____
 FAMILY PHYSICIAN & PHONE _____ ALLERGIES _____
 OTHER MEDICAL CONDITIONS _____

SIGNATURE: _____ **DATE:** ____ / ____ / ____

Class	Session	Cost:
Performing Arts Camp – week 1	July 14 - 18	\$75
Performing Arts Camp – week 2	July 21-25	\$75
Performing Arts Camp – week 3	July 28 –August 1	\$75
	TOTAL:	\$ _____

Paid by: check or money order (payable to ballet tech cincinnati)
 credit card MC VISA AMEX # _____ exp ____ / ____ / ____
 a \$5 processing fee will be added onto all credit card payments