



2019 JUNIOR SUMMER INTENSIVE REGISTRATION FORM

Student Name: _____ Age: _____

Student Phone: _____ Student Email: _____

Parent Name(s): _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Parent Phones(s): _____

Parent E-Mail(s): _____

Current Dance Level: _____

Please Confirm Weeks Planning to Attend Program:

_____ **2 weeks July 15th-July 27th**

_____ **July 15th-July-20th**

_____ **July 22nd-July 27th**

Total Amount Due \$ _____

Deposit Amount \$ _____

Amount Due \$ _____

Amount Paid \$ _____

Balance \$ _____ Due June 1, 2019

Parent Signature _____ Date _____

2019 CBS SI MEDICAL INFORMATION FORM

Last Name: _____ First Name: _____ MI: _____

Street Address _____

City: _____ State: _____ Country: _____ Zip: _____

Home Phone: _____ Parent Cell Phone: _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Medical Conditions/Allergies: _____

Insurance Policy Information

Name of Insurance Company: _____

Address: _____

Phone: _____ Name of Policy Holder: _____

Policy ID #: _____ Group #: _____

***Please Include Copy of Front & Back of Insurance Card!**

I certify that the information on this form is true and correct. In the event of an Emergency, I give

Campaneria Ballet School permission to take my child, _____

to the doctor/hospital to receive medical treatment as deemed necessary for an illness or injury.

Student Name (Print)

Parent Name (Print)

Student Signature

Parent Signature

Date

Date

Campaneria Ballet School Summer Intensive 2019 Release Form

Student Name: _____

Photography and Videography Release: As the enrolled participant and/or the parent/guardian of the enrolled participant, I authorize Campaneria Ballet School and/or its representative, agent or employee to photograph and/or videotape and use any photograph/likeness of me or my minor child for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the Artistic Director.

X _____

Release of Liability and Waiver: As the enrolled participant and/or the parent/guardian of the participant, I agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Campaneria Ballet School (CBS) and hereby agrees to indemnify and hold harmless CBS, its instructors, officers, directors, agents, employees, volunteers and chaperones against any liability resulting from any injury that may occur to the participant while participating in activities of the CBS. The participant also agrees to indemnify CBS for any damages incurred arising from any claims, demand, action or course of action by the participant. The participant authorizes any representative of CBS to have the participant treated in any medical emergency during their participation in activities of the CBS. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. Any medical/health problems of which the staff should be aware are disclosed in the Medical Information Form.

X _____

I HAVE CAREFULLY READ THE ABOVE RELEASES AND SIGN WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE. ADDITIONALLY, I HAVE READ AND AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES.

Student Name (please print)

Parent Name (please print)

Student Signature

Parent Signature

Date

Date