



2021 Summer Intensive Application

We are excited you have decided to join us this summer! In this packet you will find information on deposits, fees and tuition, and deadlines, as well as, the application form, medical information form (please include a copy of both front and back of your insurance card), and a release form. Please carefully read through all of the materials, complete and return the necessary forms, along with your deposit by the due dates to ensure placement in the CBS Summer Intensive Program!

All registered dancers for the CBS Summer Intensive will receive a list of what to bring to the CBS Summer Intensive program by the middle of June.

If you have any questions, please contact us at (919) 651-4650 or campaneriaballetschool@gmail.com. We look forward to seeing you reach NEW heights this summer at the Campaneria Ballet School Summer Intensive!

With Warm Regards,

Miguel Campaneria, Artistic Director

Train, Perform, Repeat... BRAVO!!!



2021 Summer Intensive Application Form

Student Name: _____ Date of Birth: ___/___/___

Parent/Guardian Name: _____

	Phone Number	Email Address
Student		
Parent/Guardian		

Please check the box for the week(s) dancer will be attending:

- Week 1: June 14 – June 18 Week 4: July 12 – July 16
 Week 2: June 28 – July 2 Week 5: July 19 – July 23
 Week 3: July 5 – July 9 Week 6: July 26 – July 30

*No Intensive: June 21 – June 25

Please check if you need housing: Yes, I NEED housing (additional fees apply)

Non-Campaneria Students Only – Training Experience:

Years of Ballet Training: _____ Years on Pointe: _____

Current hours of class per week: Ballet: _____ Contemporary/Jazz: _____

Current Dance School, City & State: _____

Names of Director & present teachers: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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2021 Summer Intensive Medical Information Form

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

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

	Emergency Contact #1	Emergency Contact #2
Name		
Phone Number		
Relationship		

Current Medical Issues/Allergies: _____

Insurance Policy Information

Name of Insurance Company: _____

Full Address: _____

Phone Number: _____ Name of Policy Holder: _____

Policy ID #: _____ Group #: _____

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

I certify 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/Guardian Name (Print)

Student Signature

Parent/Guardian Signature

Date

Date

Train, Perform, Repeat... BRAVO!!!



2021 Summer Intensive Release Form

Student Name: _____

Please initial next to each X

Photography/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 dance/fitness training is a potentially hazardous activity. I recognize 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 _____

COVID-19 Safety First Assumption of Risk Waiver:

At this time, we are planning to continue following strict social distancing and cleaning protocols as recommended by the NC Department of Health and Human Services. As any other public setting, we cannot guarantee your child will not be exposed (whether at Campaneria Ballet School or elsewhere) or if exposed, your child will contract COVID-19. I agree to waive any claims of liability against Campaneria Ballet School and to hold Campaneria Ballet School harmless should my child contract COVID-19 despite the studio's best efforts to prevent it. Additionally, I agree to notify CBS if my child or any member of my household contracts COVID-19 or has come into contact with someone who tested positive for COVID- 19. Should conditions in our area change, there may be amendments to processes or procedures related to the prevention of COVID-19.

X _____

I have carefully read the above releases and sign with full knowledge of their content and significance. Additionally, I have read and agree to abide by all policies and procedures.

Student Name (Print)

Parent Name (Print)

Student Signature

Parent Signature

Date

Date

Train, Perform, Repeat... BRAVO!!!



2021 Summer Intensive Fees and Deadlines

- Application Fee**
A non-refundable application fee is due at the time the application is submitted. This fee can be paid by cash or check payable to “The Studio”.
Current Campaneria students: \$25 Non-Campaneria students: \$40

- Deposit**
A \$300 non-refundable deposit is due by March 1st to HOLD a spot in the CBS Summer Intensive Program. This amount is applied to total tuition amount due. The deposit can be paid by cash or check payable to “The Studio”.

- Tuition**

# of Participating Weeks	Pay on or before April 1	Pay on or before May 1	Pay after May 1
1	\$475	\$500	\$525
2	\$930	\$980	\$1,030
3	\$1,370	\$1,440	\$1,510
4	\$1,785	\$1,880	\$1,975
5	\$2,185	\$2,300	\$2,415
6	\$2,565	\$2,700	\$2,835

*All fees must be paid **no later than June 1st**. A late fee of \$25 will be applied to any balances not paid by then.

**Tuition fees are non-refundable without a doctor’s note indicating medical reason for withdrawal. After June 1st, refunds due to medical issues are eligible up to 75% of the total tuition.

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