

2019 Summer Registration Form

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Please complete this form on **both** sides and return with payment to: Greensboro Ballet
(To register online go to: www.greensboroballet.org)

Student's Name _____ Age _____ DOB _____

____ Male ____ Female Parent's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Other Phone _____ Email _____

Emergency Contact Name & Phone _____

How did you first hear about Greensboro Ballet's Summer programs?

<input type="checkbox"/> Internet Search (which one? _____)	<input type="checkbox"/> Friend
<input type="checkbox"/> Ad (where? _____)	<input type="checkbox"/> Flyer/Brochure
<input type="checkbox"/> Online Camp Directory (which one? _____)	<input type="checkbox"/> Postcard Mailer
<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram	<input type="checkbox"/> GB Email
<input type="checkbox"/> Greensboro Cultural Center	<input type="checkbox"/> Outreach Performance/Table
<input type="checkbox"/> Other _____	

Are you?

New to the School of Greensboro Ballet Current SGB student Previous SGB Summer Camp student

MEDICAL INFORMATION & RELEASE FORM

Please list medical conditions, allergies and/or learning disabilities that your child's teacher should be aware of:

**Be sure to fill out Emergency Contact information above.*

MEDICAL & PHOTO RELEASE:

In case of emergency, if the Staff of Greensboro Ballet is unable to reach me by phone, or it is a situation that appears to require immediate emergency medical assistance, I hereby give my permission for the Staff to contact 911 and secure treatment for my child as named on this form.

As an additional consideration for the student's instruction, the undersigned hereby releases Greensboro Ballet from liability for injuries to the person or property of the student which may occur while participating in the activities of the School. The undersigned further agrees to indemnify the Greensboro Ballet in the event any claims are asserted against it arising from the student's participation in the activities of the School or affiliated company.

Greensboro Ballet shall have the right to use the name, photograph, video tape, voice, or other likeness of the dancer; and to exhibit the same through any medium whatsoever during the term of this agreement or at any time in the future for advertising, promotional or commercial purposes. All such reproductions shall be exclusive property of Greensboro Ballet.

I am in agreement with this release and consider it legal and binding.

Signature of Parent or Guardian

Date

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I would like to register my child for the following camps:

Check the camp(s) you want and circle the amount owed:	Registering on or before April 30	Registering after April 30
JUNE 10-14 or JUNE 11-15 (BBB)		
<input type="checkbox"/> CDC <i>Flowers & Fairies (ages 3-7)</i> <i>9am-Noon</i>	\$110	\$120
<input type="checkbox"/> Ballet Boot Camp (<i>ages 13 & up</i>) <i>11am-4pm</i>	\$175	\$185
Open Classes Begin (<i>see Open Class schedule</i>)	\$10-\$14	\$10-\$14
JUNE 17-21		
<input type="checkbox"/> CDC <i>Princess 1 (ages 3-7)</i> <i>9am-Noon</i>	\$110	\$120
JUNE 24-28		
<input type="checkbox"/> CDC <i>Superheroes Camp (ages 3-7)</i> <i>9am-Noon</i>	\$110	\$120
<input type="checkbox"/> Elementary Ballet Intensive (<i>ages 8-11</i>) <i>9am-3pm</i>	\$150	\$160
JULY 8-12		
<input type="checkbox"/> CDC <i>Nutcracker Camp (ages 3-7)</i> <i>9am-Noon</i>	\$110	\$120
<input type="checkbox"/> Young Dancer's Workshop (<i>ages 11-14</i>) <i>9am-3pm</i>	\$160	\$170
JULY 15-19		
<input type="checkbox"/> CDC <i>Magic Toy Chest (ages 3-7)</i> <i>9am-Noon</i>	\$110	\$120
JULY 22-26		
<input type="checkbox"/> CDC <i>Sea & Sand (ages 3-7)</i> <i>9am-Noon</i>	\$110	\$120
AUGUST 5-9		
<input type="checkbox"/> CDC <i>Fantastic Creatures (ages 3-7)</i> <i>9am-Noon</i>	\$110	\$120
AUGUST 12-16		
<input type="checkbox"/> CDC <i>Princess 2 (ages 3-7)</i> <i>9am-Noon</i>	\$110	\$120
TOTAL AMOUNT DUE:	\$	\$
(Please write *Friend's name below) - \$5 FRIEND DISCOUNT	- \$	- \$
<input type="checkbox"/> Check here to make 2 payments		
Half of TOTAL due w/registration:	\$	\$
Other Half due 1 st day of camp(s):	\$	\$

To register over the phone with a credit card, please call: #336-333-7480

SUMMER 2019 OPEN CLASSES: \$14/class (ages 13 & up) -- \$10/modern/jazz/pointe class -- \$10/class (ages 3-7)
Please fill out this form and return with the Open Class fee to your first class. No discounts for Open Classes.

PAYMENT OPTIONS: ****NO REFUNDS ALLOWED. YOU MAY TRANSFER CAMPS IF SPACE PERMITS.****

Cash Check (made payable to Greensboro Ballet) Visa MC Discover AmExpress

Name as written on Card: _____ Card # _____

Exp. Date _____ Security # on Back of Card _____ Cardholder's Signature: _____

Billing address for Card (IF different than student's): _____

Using the \$5 off FRIEND DISCOUNT? (Friend must be NEW to School of GB) * Friend's Name: _____

I will be paying ½ of my TOTAL now. Please charge my credit card the remaining amount on the first day of my child's camp(s).

Attach at least ½ of TOTAL amount due with form and return: By Mail: Greensboro Ballet, 200 N. Davie St., Box 12, Greensboro, NC 27401.
In Person: Address above, 3rd floor, Greensboro Cultural Center By Fax (both sides, please): #336.333.7482