



Young Choreographers Showcase 2018 Improvisation/Choreography Camp Registration Form

Please fill out **one form per child** if you have more than one child participating. **This form must be turned in with payment (\$125) by Thursday, June 21st for your child to participate in the program.** (Check with the Ballet Business Office for payment options)

Student's Name _____ Birth Date _____

Parent(s) Name (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Alt. Phone _____

E-mail Address* _____

* Email will be used to provide Springfield Ballet updates including camp schedules, rehearsal schedules, etc. We will NOT give or sell email addresses to outside organizations.

Permission: I, the undersigned parent or guardian, give permission for the above-named dancer to fully participate in all workshops, rehearsals, and performances of Springfield Ballet's *Young Choreographers Showcase*. I can meet all commitments as listed on the Information Page and Requirements. I will have my child at all assigned activities, warmed up and in makeup (when necessary), and ready at the designated call time. I have read, understand and agree to the policies of Springfield Ballet, Inc (SBI). I understand that if my child participates, I owe the entire camp fee and the camp fee is non-refundable. I agree to pay the late fees for late payments and the service charge for bad checks. I give permission for SBI to take and publish photos and/or videos of my child/myself and to use such photos/videos with no fee to my child or me. I understand and agree that there is a possibility of injury in participating in dance classes, rehearsals, performances or related activities, and that I will not hold SBI, or any SBI faculty member, employee, board member or guest artist liable for any injury sustained or illness contracted while I/my child am/is a dancer at SBI. I exempt, release and indemnify SBI and its agents from any and all liability claims, demands, or causes of action whatsoever from any damage, loss or injury to the student, parent/ guardian, family member, or personal property which may arise out of or in connection with participation in any SBI activity.

Student's agreement: I, the above-named dancer, understand and will comply with the Information Page and Requirements. I will be at all assigned activities, warmed up and in makeup (when necessary), and ready to dance at my designated call time.

Student signature

Date

Parent signature (if student is under 18)

Date

For office use only		Amount Paid upon Registration _____	Total Amount Due _____
Payment Method	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card