

# Metropolitan Ballet Academy 2010 Summer

The Official School of Metropolitan Classical Ballet

Yelena Borisova, Director

**Please fax form to 817-277-4514 or mail to 500 West Abram Street, Arlington, TX 76010**

## Registration Form

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

(other) \_\_\_\_\_

Email \_\_\_\_\_

(please **print** clearly)

.....  
**LEVEL PLACEMENT**

Children I \$175

Intermediate \$450

Intermediate Pointe \$550

Children II \$200

Advanced \$650

Youth \$350

Summer Intensive  
2010  
July 26-August 14

-----  
**PAYMENT INFORMATION**

**Registration Fee (\$50)**

**\*Registration fee covers summer, 2010 Fall Semester, and 2011 Spring Semester**

**Cash: Amount \$** \_\_\_\_\_  **Check #** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

**Credit: Amount \$** \_\_\_\_\_

**Visa** \_\_\_\_\_ **MasterCard** \_\_\_\_\_ **Discover** \_\_\_\_\_

**Account Number #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

1)

(Name)

(Relationship)

(Phone)

2)

(Name)

(Relationship)

(Phone)

Please list any special conditions or allergies etc. \_\_\_\_\_

**I understand that the Metropolitan Ballet Academy is accepting me, or my child, remain outside the classroom during my child's as a student. I realize that there are certain dangers possible in the art of dancing class. I agree to assume the risk of all injuries or damage that may arise from my or my child's participation in dance activities at the Metropolitan Ballet Academy. I certify that I, or my child, is in proper physical condition to take part in dance activities. In consideration of the above, I hereby release and hold harmless the Metropolitan Ballet Academy and their teachers, directors and staff from and against any liability or claim for any injury, misadventure, harm, loss, cost or damage sustained as a result of my, or my child's, participation in the Metropolitan Ballet Academy classes and activities. I have read this release and understand its meaning.**

While the child (listed here)

\_\_\_\_\_ participates in Metropolitan Ballet Academy classes, rehearsals or performances, I agree to: (1) release the Academy and (2) give permission to the Academy staff to obtain medical treatment deemed necessary for the child. I am responsible for the above named student. I verify that this student is covered under our family's medical insurance and that the information given is accurate and complete.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**Directory and Media Release:**

**I agree that the child I have enrolled in the Metropolitan Ballet Academy may be photographed for use in Metropolitan Classical Ballet/Metropolitan Ballet Academy publications, news publications, or the Metropolitan Classical Ballet web site.**

**([www.mcballet.org](http://www.mcballet.org))**

**I give permission to list contact information in the Metropolitan Ballet Academy directory for the school year 2010-2011.**

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_