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**Summer Workshop/Classes Registration Form 2019**

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| □ | **Modern & Contemporary Summer Intensive** | June 3-7, 2019 | 12am-2:00 pm A2:00-4:00 pm B | $250.00 |
| □ | **Tap Summer Intensive** | June 10-14, 2019 | 2:00-4:00 pm | $250.00 |
| □ | **Fairy Tales Dance Camp** | June 17-21, 2019 | 10:00-1:00 pm | $250.00 |
| □ | **La Bayadere Intensive** | June 17-21, 2019 | 1-4pm | $250.00 |
| □ | **Ballet C/Int Intensive with fit ball** | July 15-July 19, 2019 | 10am-1:15pm10am-1:15pm | $250.00 |
| □ | **Classical Ballet Variations** | July 15-19, 2019 | 1:30-4:00pm | $250.00 |
| □ | **Rising Stars Summer Intensive** | July 29-August 2, 2019 | 10am-1:15pm | $250.00 |
| □ | **Classical Ballet Variations**  | August 5-9, 2019 | 1-4:00pm | $250.00 |

**Please ensure you print clearly (especially your email address). We will use email to provide reminders and updates on the Summer Workshops.**

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| **Dancer’s Name:** |  | **Date of Birth:** | **Age:** |
| **Parent/Guardian’s Name:** |  | **Phone:** |
| **Email:** |  |
| **If registering for two workshops** | **$450.00** |
| **If registering for three workshops** | **$600.00** |
| **If Registering for four workshops** | **$700.00** |
| □Unlimited Ballet Preschool, A, or B$200 | □Unlimited Summer Classes Ballet C and Intermediate$375 | □Unlimited Summer Classes Intermediate$600 | □Unlimited Summer Classes Int-Adv and Adv$800 |
| □ Paying by the month. I will be taking class in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please enter which months). I will be taking\_\_\_\_\_hours per week in that month (please list the amount of hours you will be taking) on\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please list the days). |
|  |  |  |  |  |  |  |  |
| Signature: |  |
| Date:  |  |
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***Terms and Conditions***

I hereby request my child’s acceptance to attend **ACBH’s 2019 Summer Workshop/regular classes**. I understand and am aware my child will be participating in physical activities and the potential for accidents exist. In consideration of acceptance to 2018 Summer Workshop:

1. I indemnify and hold harmless City Ballet of Houston, Academy of City Ballet of Houston and/or its staff from any and all liability claims, damage, injury or illness sustained.
2. I grant permission for City Ballet of Houston to provide or obtain medical attention for my child in the event of sickness or injury, and I understand accident insurance or medical care is not included in the Workshop costs. Should a dancer require special medical treatment, prescriptions, or hospital care during Workshop, parents/guardian/self shall bear all expenses including transportation.
3. I agree City Ballet of Houston may photograph or videotape my child for use in promotional materials.

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| We (parent/guardian/dancer) have read the Registration Form and agree to follow the rules as directed. **Parent/Guardian Signature:** |  |
| **Date:** |  |