

2018 Summer Registration Form

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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 on other page.*

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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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 _____ Date of Birth _____ Male _____ Female _____

Parent's Name _____

Address _____

City _____ State _____ Zipcode _____

Phone _____ Other Phone _____

Email _____

Emergency Contact Name _____

and their Phone _____

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

___ Internet Search (which one? _____)

___ Friend ___ Ad (where? _____)

___ Online Camp Directory (which one? _____)

___ Facebook ___ Twitter ___ Instagram ___ Flyer/Brochure

___ SGB Email ___ Greensboro Cultural Center

___ Other _____

Are you? ___ New to the School of Greensboro Ballet

___ Current SGB student ___ Previous SGB Summer Camp student

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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 11-15		
<input type="checkbox"/> CDC Princess 1	\$110	\$120
<input type="checkbox"/> Ballet Boot Camp 1	\$160	\$175
Open Classes Begin	\$10-\$14	\$10-\$14
JUNE 18-22		
<input type="checkbox"/> CDC Monsters & Aliens	\$110	\$120
<input type="checkbox"/> Beauty & Beast Ballet Camp	\$120	\$130
JUNE 25-29		
<input type="checkbox"/> CDC Sea & Sand	\$110	\$120
<input type="checkbox"/> Dancers & Dolls Camp	\$140	\$150
JULY 9-13		
<input type="checkbox"/> CDC Coco	\$110	\$120
JULY 16-20		
<input type="checkbox"/> CDC Flowers & Fairies	\$110	\$120
<input type="checkbox"/> Coppelia Ballet Camp	\$120	\$130
JULY 23-27		
<input type="checkbox"/> CDC Frozen	\$110	\$120
<input type="checkbox"/> Ballet Classics Camp	\$120	\$130
AUGUST 6-10		
<input type="checkbox"/> CDC Doc McStuffins	\$110	\$120
<input type="checkbox"/> Young Dancer's Workshop	\$160	\$175
AUGUST 13-17		
<input type="checkbox"/> CDC Princess 2	\$110	\$120
<input type="checkbox"/> Ballet Boot Camp 2	\$160	\$175
TOTAL AMOUNT DUE:	\$	\$
- \$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):	\$	\$

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To register over the phone with a credit card, please call:

336.333-7480

SUMMER 2018 OPEN CLASSES:

\$14/class (ages 13 & up) ---- \$10/class (ages 3-6)

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) Credit Card

CREDIT CARD INFORMATION: Visa MC Discover AmExpress

Name as written on Card: _____

Card # _____

Exp. Date _____ Security # on Back of Card _____

Billing address for Card (IF different than student's, listed on the front):

Cardholder's Signature: _____

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

*****PLEASE SEE NEXT PAGE FOR MORE REGISTRATION FORM INFO*****