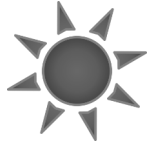




SUMMER CAMPS, WORKSHOPS & INTENSIVE REGISTRATION

August 5th through August 23rd, 2019



Student's Full Name: _____

Budding Ballerinas and Promising Princes Camps (ages 4 to 6)

- August 5 to 9: 9 AM to Noon for ages 4 and 5 for \$200
- August 5 to 9: 9 AM to 1 PM for age 6 for \$225
- August 12 to 16: 9 AM to Noon for ages 4 and 5 for \$200
- August 12 to 16: 9 AM to 1 PM for age 6 for \$225

Performance Workshop 1 for ages 7 to 13 or BVI Level 1 and up

- August 5 to 9: 9 AM to 5 PM for \$375

Performance Workshop 2 for BVI Level 3 and up or placed by ability

- August 12 to 16: 9 AM to 5 PM for \$375

Pre-professional Intensive for BVI Level 4 and up or placed by ability

- August 19 to 23: 9 AM to 5 PM for \$375

Discounted rate of \$700 for two weeks of full-day workshops and/or intensive

CONTACT INFORMATION

Parent/Guardian's Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Student's Current Age _____ Student's Birth Date _____

Emergency Contact Name: _____ Emergency Contact Cell Phone #: _____

List any medical concerns: _____

PAYMENT *(payments will be processed immediately)*

- payment in full—a one-time full payment due at the time of registration

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize Ballet Virginia International to initiate bank card charges to the swiped card on file. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. To update or change your credit card on file at any time, you must do so at the studio office. All information will be kept confidential and stored in a secure environment. If your payment method is declined, we will contact you immediately and you will have until the 5th of the month to provide payment. Late payment fees of \$10 and insufficient funds fees of \$25 will be applied.

Name as it appears on bank card: _____

Billing Zip Code: _____

Billing email address: _____

Authorized signature: _____

Support BVI by adding a small tax deductible amount to your payment.

- Add \$5
- Add \$10
- Add \$25
- Add a donation of \$_____

BVI is a 501(c)(3) nonprofit corporation registered with the Virginia Office of Consumer Affairs.

The waivers below will be valid for the entire time the student named on this registration form attends BVI for classes, rehearsals or any other event.

MEDICAL AND LIABILITY RELEASE

I understand that Ballet Virginia International will not be held responsible for any bodily injuries sustained while on the premises or for loss or damage to any personal items brought on the premises by students or their families. This shall include, but not be limited to, any and all activities in the dance school, directly or indirectly around the dance school, or in any other place so designated by Ballet Virginia International including performances and outreach activities. In the event of an emergency, I hereby give authority to Ballet Virginia International's representatives to obtain necessary emergency medical treatment for myself or my child, to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for myself or my child as deemed necessary with the understanding that the family will be notified as soon as possible.

I understand that my insurance coverage for myself or my child will be used in the event medical intervention is needed and that I am responsible for the payment of any/and all medical services.

I understand all reasonable safety precautions will be taken at all times by Ballet Virginia International and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Ballet Virginia International, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the undersigned.

I understand that in the instruction of dance and in particular, ballet, physical manipulation of a student by the instructor may occur. This physical manipulation will occur only when assisting the student in the proper alignment and execution of dance steps. I hereby authorize the instructors to physically manipulate myself or my child in order to assist in the proper alignment and execution of dance steps.

PHOTO RELEASE

By signing below, I hereby irrevocably grant and convey to Ballet Virginia International all rights, titles and interests in and to record my name, image, voice, statements and/or writings including any and all photographic images and video or audio recordings made by Ballet Virginia International. I further irrevocably grant to Ballet Virginia International, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above mentioned sound, still, or moving images in any medium, including posting on the Internet and World Wide Web, for educational, promotional, advertising, or other purposes without limitation consistent with the mission of the Academy. I agree that all intellectual property rights to the sound, still, or moving images belong to Ballet Virginia. I voluntarily waive the right to inspect or approve such images and waive my right to any royalties, proceeds or other benefits derived from such photographs or recordings.

This release is effective on the date written below and will remain in effect indefinitely. If individual is less than eighteen (18) years of age, his/her parent or legal guardian must sign below.

WITHDRAWAL/REFUND POLICY

Withdrawal/Refund Policy: BVI must receive a completed, official BVI withdrawal form 30 days prior to a release from tuition obligations.

Refunds will not be made, except in the case of serious illness or injury, verified by a doctor's certificate. If a student is dismissed from the academy because of unacceptable behavior, no tuition will be refunded. BVI reserves the right to deny any refund request. Should a tuition refund be issued, the registration fee will not be refunded.

Signature below indicates acceptance of Medical and Liability Release, Photo Release and Withdrawal/Refund Policy.

Parent or Adult Dancer's Signature

Date