

# The School of BALLET ARIZONA

## Adult Winter Workshop Dec 18 - 20, 2017

Name of Student: \_\_\_\_\_

Gender: M / F

Primary E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

*Please print clearly. The School uses e-mail as the primary method of communication.*

Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please submit either in person, by mail (2835 E. Washington St Phoenix, AZ 85034), fax (602.381.0189), or email (school@balletaz.org).**

### Enrollment Options:

\$125  Beginner Level: 6:30 pm - 9:00 pm

\$135  Beginner Level: 6:00 pm - 9:00 pm (with coaching)

\$125  Intermediate/Advanced Level: 6:30 pm - 9:00 pm

\$135  Intermediate/Advanced Level: 6:00 pm - 9:00 pm (with coaching)

### Payment Options:

Check (please submit with this form)

Credit Card (please complete below)

### Credit Card Authorization:

Type of Card:  MC  VISA  AMEX  DISC

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Cardholder (print): \_\_\_\_\_

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

### Emergency Contact Information:

Name of Contact: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

*The following information is voluntary and is requested by the School so that teachers and staff are aware of any condition you may have. Students are not denied placement on the basis of this information.*

Do you have any injuries (previous or new)? Y / N

If yes, please explain: \_\_\_\_\_

### RELEASE

I recognize the risks of accident or injuries associated with any program of dance and acknowledge that I am participating upon the express understanding that I am willing and able to accept full responsibility for my own safety and welfare. I hereby release SBAZ and agree to hold SBAZ harmless from and against any and all claims and liabilities whatsoever which I may have, arising out of the participation with SBAZ, except for those relating from gross negligence or willful misconduct of SBAZ. I hereby execute and deliver this release to induce School of Ballet Arizona to permit me to participate in its programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only: Tuition Amt.:

PD \$ \_\_\_\_\_  CA  CK # \_\_\_\_\_  AMEX  VISA  MC  DSC

Rcvd by: \_\_\_\_\_ Date Conf sent: : \_\_\_\_/\_\_\_\_/\_\_\_\_ DB: \_\_\_\_\_ DR: \_\_\_\_\_/\_\_\_\_/\_\_\_\_