

2022 INTRO BALLET CLASS CMB Academy

REGISTRATION FORM

Student Name _____ DOB _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Parent/Guardian Cell Phone _____

Mother & Father/Legal Guardian Full Name(s) _____

Email Address(es) _____

Any known allergies or medical issues? _____

Emergency Contact if parent cannot be reached _____ Cell Phone _____

Classes run on Thursdays June 16th through August 4th. 5:00-6:15pm

Tuition: \$100 for five weeks (minimum to register).

Each additional week is \$15.

Please mark the weeks you will be attending. Weeks do NOT have to be consecutive.

- | | | |
|--|--|---|
| <input type="checkbox"/> Week 1: June 16 | <input type="checkbox"/> Week 4: July 7 | <input type="checkbox"/> Week 8: August 4 |
| <input type="checkbox"/> Week 2: June 23 | <input type="checkbox"/> Week 5: July 14 | |
| <input type="checkbox"/> Week 3: June 30 | <input type="checkbox"/> Week 6: July 21 | |
| | <input type="checkbox"/> Week 7: July 28 | |

Total # of weeks enrolled: _____

Total amount enclosed \$_____

Payment in full and signed policy form are due with registration.

Financial aid is available. Contact CMB for information. Checks made out to CMB.
Return form and check to: Central Midwest Ballet, 2831 Parmenter St. Suite 290, Middleton, WI 53562

Parent/Guardian Signature _____ Date _____



SUMMER PROGRAM POLICY ACKNOWLEDGEMENT

IMAGE RELEASE

- Central Midwest Ballet Academy may, from time to time, take video and/or photographs of my dancer. We may use these photographs for publicity purposes such as but not limited to: the website, Facebook, and news releases.
- We respect our families' privacy. If you have any special circumstances, please feel free to bring these to the attention of the office.

LIABILITY ACKNOWLEDGEMENT

- CMB is not responsible for any injury or illness to my dancer while participating in any program sponsored by CMB. I release and indemnify CMB from any claim, damage, or suit whatsoever which may arise from personal injury, illness, or property damage suffered while at CMB.
- I have read the appropriate County orders regarding Covid 19.
- I understand I am solely responsible for determining if my child meets any medical, mental, or otherwise specified requirements for not wearing a mask while participating in CMB programming.
- I understand that in accordance with County directives, CMB will assume that anyone not wearing a mask has a valid reason for making that decision and that CMB will enforce a zero tolerance policy for expressing judgements about the wearing or not wearing of a mask.
- I understand that CMB instructors may, at their discretion, adjust the content of classes (lower level of difficulty, more frequent breaks, etc.) to accommodate the breathing issues caused by masks.
- I understand that CMB will operate all programming in accordance with current County directives, which may result in programming adjustments during the course of the 2022 Summer Programming.

By signing below, I acknowledge that I have read, understand, and agree to the above information:

Parent/Guardian Signature

Date