

2023 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 15th through August 3rd. 5:00-6:15pm

Tuition: \$120 for five weeks (minimum to register).

Each additional week is \$18.

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Week 1: June 15 | <input type="checkbox"/> Week 4: July 6 | <input type="checkbox"/> Week 8: August 3 |
| <input type="checkbox"/> Week 2: June 22 | <input type="checkbox"/> Week 5: July 13 | |
| <input type="checkbox"/> Week 3: June 29 | <input type="checkbox"/> Week 6: July 20 | |
| | <input type="checkbox"/> Week 7: July 27 | |

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

We respect our families' privacy. If you have any special circumstances, please feel free to bring these to the attention of the office.

- 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.

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.

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

Parent/Guardian Signature

Date