



Danceartists Ballet Academy 3 week Summer Intensive
 July 31st to August 18th - Monday to Friday
 52 S Quinsigamond Ave., Shrewsbury MA 01545
 admissions@danceartistsballetacademy.com ph: 508-925-4112

Junior 3 weeks 10.30 to 1.00 pm \$740 (early bird payment before May 31 \$650
 Senior 3 weeks 12.00pm to 4pm daily \$1,200 (Early bird payment \$1,000 before May 31)
 Open to all Danceartists Students.
 Outside Students invitation only, call for audition appointment

Monday- Tuesday -Wednesday Schedule

10.30am to 12.00pm Junior Open Ballet Class
 12.00pm to 1.00pm Contemporary Ballet
 1.00pm to 2.30pm Open Ballet Class
 Intermediate Level upwards.
 2.40 pm to 4.00pm Open Pointe Class

Thursday - Friday Schedule

10.30am to 12.00pm Junior Open Ballet Class
 12.00pm to 1.00pm Character
 1.00pm to 2.30pm Open Classical Ballet
 Intermediate Level Upwards
 2.40pm to 4.00pm Open Pointe Class

Summer Intensive Private Coaching available only to students who attend our 3 week Summer Intensive Program

Monday to Friday

9.30am to 10.30am
 4.05pm to 5.05pm
 5.05pm to 6.05pm

Please note that above times are the only times available for Private Coaching.

Senior 3 week Summer Intensive Monday to Friday 12 to 4pm 4 hours- \$1,200.00

Early bird payment by May 31 \$1000.00

Sibling discount 10%

Junior 3 week Summer Intensive Monday to Friday 10.30 to 1.00pm 2.5hrs \$740.00

Early Bird Payment by May 31 \$650.00

Sibling discount 10% (does not apply to early bird payment)

Private Coaching \$80 per 1 hr lesson

No Sibling Discount.

.....cut and return with payment.....

Registration Senior 3 week Summer Intensive Program

Student

Name:.....DOB:.....

Address:.....

Email:.....

Phone:.....

Parent if under18Signature.....

Payment:...\$......office only date

Please note all payments are non refundable and non transferable

Registration Junior 3 week Summer Intensive Program

Student Name:.....

Address:.....

Email:.....

Phone:.....

Parent if under18Signature.....

Payment:...\$......office only date

Please note all payments are non refundable and non transferable.

DanceArtists Ballet Academy Medical Form

Confidential information to help us help your child in case of any medical emergency.

Student Name _____

Does your child have any allergies? Yes No

If yes, please describe

Does your child have an EpiPen?	Yes	No
Does your child have asthma?	Yes	No
If yes, do they take asthma medication?	Yes	No
Do they bring their asthma medication with them to class?	Yes	No

Please state any existing medical conditions/injuries:

Family Physician & Phone Number

In case of medical emergency and in my absence, I give my permission for DanceArtists staff to act on my behalf to obtain medical treatment for my child.

Parent name and signature: _____ Date _____

Parent name and signature: _____ Date _____

DanceArtists Ballet Academy Liability Waiver and Acknowledgment of Risk

REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE

I /we _____(print names) understand and agree that in participating in any dance movement class, workshops, rehearsal or performance, in person or online class there is a possibility of physical injury or death. I hereby certify that I have been advised to consult with a physician before participating in any such program, and I further certify that I know of no medical problems that would increase my child’s risk of illness or injury as a result of participation in programs offered by DanceArtists Ballet Academy. I understand that it is my responsibility to inform the manager or designated staff member of any changes in my child’s medical condition. Upon notification to the manager or designated staff member of a change in my child's medical condition, the staff will determine whether or not a change in my or my child’s program is warranted. I further understand that it is my responsibility to report immediately to staff members any signs or symptoms of discomfort and/or distress during or following a class.

I voluntarily agree, and therefore, assume all risks and responsibility for any such injury or accident or illness which might occur to me or my child _____(print name) during any of DanceArtists Ballet Academy/DanceArtists Management studio classes, online classes, rehearsals, performances, or activities. I also exempt, release, and indemnify DanceArtists Ballet Academy/DanceArtists Management, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by DanceArtists Ballet Academy, DanceArtists Management and its faculty. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold DanceArtists Management, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my child/children, I certify that I am the parent or legal guardian of _____ and have the authority to waive these rights. _____

Permission is granted to DanceArtists Ballet Academy/DanceArtists Management to use dance photographs of _____(print students name) for publicity purposes.

I agree to abide by hygiene and health regulations as stated at [CDC, US Federal Government, and DanceArtists individual Health Protocol requirements as an independent Business.](#)

The signing of this form constitutes a contract for lesson tuition and associated costs for Danceartists Summer Intensive from July 31,2023 to August 19 2023. I /We have read completely, understood fully, and agree to abide by all of DanceArtists

Ballet Academy Code of Conduct, School Policy and Financial policy. I have read, understand, and agree to be bound by the above. I understand that DanceArtists Ballet Academy reserves the right to refuse service.

Print Name: _____

Signature: _____ Date _____

**If student under 18, parents or legal guardian must sign

For: _____ (Name of Student)