

INTERNATIONAL BALLET ACADEMY
SUMMER CAMPS 2012
Registration Form

Name: _____

Age: _____ Date of birth: _____

Parent/Guardian's Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Emergency Contact: _____

Please circle which camp(s) you would like to attend:

- A. June 18-June 22 (ages 5-7) Disney's Tangled Camp
- B. June 25-June 29 (ages 6-8): Nutcracker Kingdom of Sweets Camp
- C. July 2-July 6 (ages 4-6): Beach Camp
- D. July 9-July 13 (ages 7-9): Shake it Up Jazz Camp
- E. July 16-July 20 (ages 6-8): Ballet Stories Galore camp
- F. July 23-July 27 (ages 6-8): Shake it Up Jazz Camp
- G. July 30-August 3 (ages 4-6): Disney Princesses
- H. August 6-August 10 (ages 8-10) : Jazz camp

Medical Conditions/Allergies: _____

Insurance Information

Name of policy holder: _____

Policy ID: _____

Emergency Medical Release: In the event of a medical emergency, I hereby give permission to International Ballet Academy or agents thereof to authorize reasonable and necessary medical treatment for my child.

Waiver: By signing this form, parent/guardian waives any and all claims against IBA and/or its staff for any liability including but not limited to personal/bodily injury, student property loss or damage occurring during class, rehearsal, performance, or activity sponsored by IBA. Student participation is voluntary and the parent/guardian acknowledges the risks of potential injury associated with the physical demands of dance training.

Signature: _____

****Please note that \$150 is due with the registration form and confirms your child's spot in that camp. Should you decide to withdraw your child from the enrolled camp, written notice to IBA must be received 30 days before the start of camp.**