

International Ballet Academy
Intensive Summer Program 2012 - Registration

Student's Name: _____ Age: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Indicate which Session(s) you are attending: (please note that acceptance by audition does not guarantee your space. Register early to reserve your spot)

____ Session A (June 18th-June 29th)

____ Session B (June 18th-July 13th)

____ Session C (July 16th-August 10th)

If selecting to attend a week of one of the sessions, please indicate which week(s):

Parent/Guardian Information:

Name(s): _____

Phone(s): _____

Email(s): _____

Emergency Contact phone
number: _____

Do you need a host family? ____ Yes ____ No

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 _____

Signature: _____

**Please note that upon acceptance into International Ballet Academy's Summer Intensive Program, 50% of tuition is due by April 9th. This deposit is non-refundable. The balance of the tuition is due by June 4th.