

# 2017 Summer Registration Form

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## MEDICAL INFORMATION & RELEASE FORM

Please list medical conditions, allergies and/or learning disabilities that your child's teacher should be aware of:

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*\*Be sure to fill out Emergency Contact information on other page.*

### MEDICAL & PHOTO RELEASE:

In case of emergency, if the Staff of Greensboro Ballet is unable to reach me by phone, or it is a situation that appears to require immediate emergency medical assistance, I hereby give my permission for the Staff to contact 911 and secure treatment for my child as named on this form.

As an additional consideration for the student's instruction, the undersigned hereby releases Greensboro Ballet from liability for injuries to the person or property of the student which may occur while participating in the activities of the School. The undersigned further agrees to indemnify the Greensboro Ballet in the event any claims are asserted against it arising from the student's participation in the activities of the School or affiliated company.

Greensboro Ballet shall have the right to use the name, photograph, video tape, voice, or other likeness of the dancer; and to exhibit the same through any medium whatsoever during the term of this agreement or at any time in the future for advertising, promotional or commercial purposes. All such reproductions shall be exclusive property of Greensboro Ballet.

I am in agreement with this release and consider it legal and binding.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# 2017 Summer Registration Form

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Please complete this form on **both** sides and return with payment to:  
Greensboro Ballet

**(To register online go to: [www.greensboroballet.org](http://www.greensboroballet.org))**

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

and their Phone \_\_\_\_\_

**How did you first hear about Greensboro Ballet's Summer programs?**

\_\_\_ Internet Search (which one? \_\_\_\_\_)

\_\_\_ Friend \_\_\_ Ad (where? \_\_\_\_\_)

\_\_\_ Online Camp Directory (which one? \_\_\_\_\_)

\_\_\_ Facebook \_\_\_ Twitter \_\_\_ Instagram \_\_\_ Flyer/Brochure

\_\_\_ SGB Email \_\_\_ Greensboro Cultural Center's Summer Camp Fair

\_\_\_ Other \_\_\_\_\_

**Are you?** \_\_\_ New to the School of Greensboro Ballet

\_\_\_ Current SGB student \_\_\_ Previous SGB Summer Camp student

# 2017 Summer Registration Form

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I would like to register my child for the following camps

Check the camp(s) you want and circle the amount owed:	Registering on or before April 28	Registering after April 28
<b>JUNE 12-16</b>		
<input type="checkbox"/> CDC Princess 1	\$105	\$115
<input type="checkbox"/> Ballet Boot Camp	\$150	\$160
Open Classes Begin	\$10-\$14	\$10-\$14
<b>JUNE 19-23</b>		
<input type="checkbox"/> CDC Sea & Sand	\$105	\$115
<b>JUNE 26-30</b>		
<input type="checkbox"/> CDC Superheroes (ages 3-6)	\$105	\$115
<input type="checkbox"/> Superheroes Dance Camp	\$120	\$130
<b>JULY 10-14</b>		
<input type="checkbox"/> CDC Flowers & Fairies	\$105	\$115
<b>JULY 17-21</b>		
<input type="checkbox"/> CDC Frozen	\$105	\$115
<input type="checkbox"/> Nutcracker Dance Camp	\$120	\$130
<b>JULY 24-28</b>		
<input type="checkbox"/> CDC Animal Adventures	\$105	\$115
<b>AUGUST 7-11</b>		
<input type="checkbox"/> CDC My Favorite Doll	\$105	\$115
<input type="checkbox"/> Dancers & Dolls Camp	\$140	\$150
<b>AUGUST 14-18</b>		
<input type="checkbox"/> CDC Princess 2	\$105	\$115
<input type="checkbox"/> Young Dancers Workshop	\$165	\$175
<b>TOTAL AMOUNT DUE:</b>	<b>\$</b>	<b>\$</b>
FRIEND DISCOUNT	- \$	- \$
<input type="checkbox"/> Check here to make 2 payments		
Half of TOTAL due w/registration:	\$	\$
Other Half due 1 <sup>st</sup> day of camp(s):	\$	\$

To register over the phone with a credit card, please call:

**# 336.333-7480**

# 2017 Summer Registration Form

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## SUMMER 2017 OPEN CLASSES:

\$14/class (ages 11 & up)

\$10/class (ages 3-10)

Please fill out this form and return with the Open Class fee to your first class. No discounts for Open Classes.

## PAYMENT OPTIONS:

**\*\*NO REFUNDS ALLOWED. YOU MAY TRANSFER CAMPS IF SPACE PERMITS.\*\***

Cash  Check (made payable to Greensboro Ballet)  Credit Card

CREDIT CARD INFORMATION:  Visa  MC  Discover  AmExpress

Name as written on Card: \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security # on Back of Card \_\_\_\_\_

Billing address for Card (IF different than student's, listed on the front):  
\_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Using the FRIEND DISCOUNT? (Friend must be NEW to School of GB)

Friend's Name: \_\_\_\_\_

I will be paying ½ of my TOTAL now. Please charge my credit card the remaining amount on the first day of my child's camp(s).

## **Attach at least ½ of TOTAL amount due with form and return:**

By Mail: Greensboro Ballet, 200 N. Davie St., Box 12, Greensboro, NC 27401.

In Person: Address above, 3<sup>rd</sup> floor, Greensboro Cultural Center

BY Fax (both sides, please): #336.333.7482

**\*\*\*PLEASE SEE NEXT PAGE FOR MORE REGISTRATION FORM INFO\*\*\***