



# 2009 SUMMER REGISTRATION FORM

Please return Registration form along with a \$25 non-refundable deposit to  
Dance Theatre of Lynchburg / 722 Commerce Street / Lynchburg, Virginia 24504

## STUDENT INFORMATION

Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Level \_\_\_\_\_ Male/Female \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Alt telephone \_\_\_\_\_

Email Address (print clearly) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Previous Dance Experience \_\_\_\_\_

## COURSE SELECTIONS

### **AGES 3 & 4 (BALLET FOUNDATIONS)** Tuition is \$175 for the series

- Summer Dance Series: Monday (9am to Noon)**

Swan Lake June 22  
 Romeo and Juliet June 29  
 Coppelia July 6  
 Petrushka July 13  
 Cinderella July 20  
 Sleeping Beauty July 27

### **AGES 5 TO 7 (PRIMARY LEVEL)** Tuition is \$175 for the series

- Summer Dance Series: Tuesday (9am to Noon)**

Swan Lake June 23  
 Romeo and Juliet June 30  
 Coppelia July 7  
 Petrushka July 14  
 Cinderella July 21  
 Sleeping Beauty July 28

### **AGES 8 AND OLDER (LEVEL 1)** Tuition is \$175 per session

- Session 1: June 22—June 26 (9 am to 3 pm)**
- Session 2: June 29—July 3 (9 am to 3 pm)**
- Session 3: July 6—July 10 (9 am to 3 pm)**
- Session 4: July 13—July 17 (9 am to 3 pm)**
- Session 5: July 20—July 24 (9 am to 3 pm)**
- Session 6: July 27—July 31 (9 am to 3 pm)**

### **AGES 9 AND OLDER (LEVEL 2)** Tuition is \$175 per session

- Session 1: June 22—June 26 (9 am to 3 pm)**
- Session 2: June 29—July 3 (9 am to 3 pm)**
- Session 3: July 6—July 10 (9 am to 3 pm)**
- Session 4: July 13—July 17 (9 am to 3 pm)**
- Session 5: July 20—July 24 (9 am to 3 pm)**
- Session 6: July 27—July 31 (9 am to 3 pm)**

### **AGES 10 AND OLDER (LEVEL 3)** Tuition is \$175 per session

- Session 1: June 22—June 26 (9 am to 3 pm)**
- Session 2: June 29—July 3 (9 am to 3 pm)**
- Session 3: July 6—July 10 (9 am to 3 pm)**
- Session 4: July 13—July 17 (9 am to 3 pm)**
- Session 5: July 20—July 24 (9 am to 3 pm)**
- Session 6: July 27—July 31 (9 am to 3 pm)**

## PARENT / GUARDIAN WAIVERS

Liability Release. I hereby certify that my child is in normal health and capable of participating safely in Dance Theatre of Lynchburg's programs. I will notify Dance Theatre of Lynchburg if the participant has any health problems. I am aware that dance training and the associated athletic exercises therein may place unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume all risks and hazards incidental to the conduct of the program.

Publicity Release. I hereby authorized the Dance Theatre of Lynchburg to record the student's picture and voice on photographs, films and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio or television broadcast programs. I also give my permission for Dance Theatre of Lynchburg to use and license others to use these materials in any manner or media whatsoever. Dance Theatre of Lynchburg is permitted to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation are made by Dance Theatre of Lynchburg for such use.

Medical Release. In the event I cannot be reached, I hereby give my permission to the management, faculty, staff of Dance Theatre of Lynchburg to authorize any emergency medical care that may be required by the above student during their participation in classes, performances, or any related Dance Theatre event. This authorization extends through the current school year or until the student is no longer enrolled at Dance Theatre of Lynchburg, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

I have read, understand, and agree to the Liability Release, Publicity Release, and Medical Release.

Name of Doctor \_\_\_\_\_

Telephone # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## TOTAL TUITION DUE: \$ \_\_\_\_\_

If you wish to be considered for financial aid, please complete the information below:

Approximate Annual Income \$ \_\_\_\_\_

Total Number of Household Members # \_\_\_\_\_