

American Ballet Intensives
Master Class Registration Form

Student's Name: _____ **Class Date and Time** _____
(Last Name, First Name, M.I.)

Complete this form and mail to: 23 Trinity, Irvine, CA 92612. Registration form and payment must be received at least one week prior to the master class. Space is limited and available on a first come first serve basis. Checks are payable to American Ballet Intensives and are not refundable if you cancel less than 1 week prior to the program. Cancellations and request for a refund, must be in writing, and mailed to the address above.

Student Contact Information:

Mailing Address: _____

Student Home Phone #: (_____) _____ Student Cell Phone #(_____) _____

E-mail address: _____

Parent/Guardian Name: _____

Parent/Guardian Home Address: _____

Home Ph #: (_____) _____ Cell Ph #: (_____) _____ Work Ph #(_____) _____

E-mail address: _____

Student information:

Date of Birth: ____/____/____ Age: _____

Current Dance School: _____ What level are you in? _____

How many years have you studied ballet? _____ How many years of pointe? _____

In what areas of your dancing do you feel need most improvement? _____

How did you hear about this program? _____

Signatures:

The above information I have supplied is true and correct to the best of my knowledge. If any information is false, it will be cause for my dismissal from the American Ballet Intensives program.

I hereby irrevocably consent to and authorize the use and reproduction by American Ballet Intensives of any and all photographs, recordings, videotapes by American Ballet Intensives for any purpose without compensation to the student.

I hereby shall indemnify, hold harmless and defend American Ballet Intensives, its agents, and employees except in the case of willful negligence or misconduct on their part against any and all claims, actions, or suits brought for damages or alleged damage, and from all liability, loss and expense, including reasonable legal expenses, resulting from any injury to person or property from loss of life sustained by myself or my child while I or my child is a participant in American Ballet Intensives classes.

I have read and agree to the above policy statements and waiver of liability.

Student Signature: _____ Date: ____/____/____

Parent Signature (if student is under 18) _____ Date: ____/____/____

**IF YOU ARE NOT ABLE TO ATTEND AFTER REGISTERING FOR THE CLASS,
PLEASE NOTIFY US BY PHONE, AS SOON AS POSSIBLE!
PHONE NUMBER (626) 616-0960**