

Ballet Ventura Camps 2011

Registration Form

Check the camp(s) child will attend:

Prince & Princess Camp (3½-6 yrs)	\$100 ____
July 11 - July 15	Monday, Wednesday, Friday 9:00—Noon
Beginning Dance Camp Level I & II	\$160 ____
July 11 - July 15	Monday—Friday 9:00—Noon
Junior Intensive Level III - Advanced	\$235 ____
July 18 - July 22	Monday—Friday 9:00—3:00PM
July 23	Saturday 9:00-Noon
Let's Dance - Musical Theatre Camp (7-13yrs)	\$160 ____
July 25 - 29	Monday—Friday 1:00 - 4:00PM
Upbeat Hip Hop Camp (7-14 yrs)	\$160 ____
July 25 - 29	Monday—Friday 9:00—noon

Deposit is due with registration form by **June 20, 2011**, to secure place in camp. (Deposit amount will be applied toward camp tuition).

Please check amount you will be paying

Deposit—\$50.00 *Non-refundable Full Camp/s Tuition \$_____ *Non-refundable

Balance Due by **July 8, 2011** \$_____ *Non-refundable

Cash___ Check #_____ Credit Card #_____ Expiration_____

Child Name: _____ Age: _____ Birthday: _____

Parents name: _____ Address _____

City _____ Zip: _____

Best Phone number: _____ Alternate Phone number: _____

Email: _____

Has child studied ballet or dance? If yes, what type? _____

How long? _____ Number classes per week? _____

Please complete attached Medical form

Mail Completed Forms to:

**Ballet Academy Ventura
2750 E. Main St.
Ventura, CA 93003**

Ballet Ventura Camp 2011

Medical Information Form

Child's Name: _____

Medical History

Known Allergies (drugs, etc. and/or pre-existing condition):

Medication student is taking: _____

Recent Injuries: _____

Chronic Condition: _____

Family Physician: _____ Phone #: _____

I understand that if my child suffers a serious injury or illness while at Ballet Ventura Camp, first aid will be rendered. The camp staff will make an immediate and continued effort to contact the child's parents. If a parent or guardian cannot be reached, the camp staff has my/our permission to take my/our child, _____, to the doctor and/or hospital to be treated as necessary for the injury or illness. (print child's name)

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Release of Liability

I agree that I will not hold Ballet Academy Ventura, Ventura County Ballet, Kathleen Noblin, or its contractors liable for any injury or illness that might occur while my/our child, _____, is a student or camper at Ballet Academy Ventura.
print child's name

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian