

DANCEARTIST'S BALLET ACADEMY

www.danceartistsballetacademy.com

52 Sth Quinsigamond Ave, Shrewsbury 01545

Ph:508 925 4112

admissions@danceartistsballetacademy.com

Little Dancer's Summer Intensive Ages 5-7

August 2 to 6 Monday to Friday 12pm to 1pm



A wonderful opportunity to be trained by Danceartists Master Children's Teacher Tina Marshall
Developing your child's Dance Ability, Imagination, Musicality, Rhythm, Ballet Foundation
Principles of Movement through their love of Dance.

For the Little Dancers who dream, here is your beginning of learning how to dance.

Week 1 August 2 to 6 12pm to 1pm

In-Person and Virtual Class selection

To Register please fill out all Registration Forms available to download at

www.danceartistsballetacademy.com

Or email us at : admissions@danceartistsballetacademy.com

DANCEARTIST'S BALLET ACADEMY

www.danceartistsballetacademy.com 52 Sth Quinsigamond Ave, Shrewsbury Ma 01545

2021 Litte Dancer's Summer Intensive Registration form

Danceartists Ballet Academy Studio

52 Sth Quinsigamond Ave, Shrewsbury 01545 Ma

In person maximum acceptance 8 students per level

Virtual student acceptance 10 students

Please circle selection

1 week Aug 2 to 6 _____ \$ 125.00

Please circle below whether you are registering In person or Virtual

In-Person Yes No Virtual Yes No

** Please note that if a Lockdown is ordered by Sate or Federal Governments all Danceartists Summer Intensive Levels will be taught from our Virtual Studio for that duration.*

Student name _____

Address _____

Dob _____ Phone _____ Email _____

Has your little dancer ever taken Ballet Class Yes No

Please fill out and return all forms to register : admissions@danceartistsballetacademy.com

Payments are accepted by Check, Cash, Credit Card and

Paypal: danceartistsmanagement@gmail.com

All specialist Summer Intensive Training Program prices are calculated on minimum tuition scales to cover the running costs of Danceartists Summer Intensive both In-Person and Virtual.

Danceartists Summer Intensive Medical Form 2021

Confidential information to help us help your child in case of any medical emergency.

Students Name: _____

Is your child allergic to any of the following?

Yes No

If yes, please circle.

Penicillin, peanuts, other nuts, bee stings, wasp stings, milk, lactose, melons, wheat, gluten, yeast, latex, fragrance, pseudoephedrine (as in sudafed, etc.)

Other, including trees, plants, foods, and medications, foods

Does your child have an EpiPen? Yes No

Does your child have asthma? Yes No

If yes, do they take asthma medication?

Yes No

If yes, do they bring their asthma medication with them to class? Yes No

Please state any existing medical conditions/injuries:

Children with fever must stay at home.

Family Physician & Phone Number:

In case of medical emergency and in my absence, I give my permission for Danceartists staff to act on my behalf to obtain medical treatment for my child.

Parent name and signature: _____ Date: _____

Liability Waiver and Acknowledgment of Risk

Danceartists 52 Sth Quinsigamond Ave., Shrewsbury 01545
www.danceartistsballetacademy.com

REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE Page 5

I /we _____ (print names) understand and agree that in participating in any dance movement class, workshops, rehearsal or performance, in person or online class there is a possibility of physical injury or death. I hereby certify that I have been advised to consult with a physician before participating in any such program, and I further certify that I know of no medical problems that would increase my child's risk of illness or injury as a result of participation in programs offered by Danceartists Ballet Academy. I understand that it is my responsibility to inform the manager or designated staff member of any changes in my child's medical condition. Upon notification to the manager or designated staff member of a change in my child's medical condition, the staff will determine whether or not a change in my or my child's program is warranted. I further understand that it is my responsibility to report immediately to staff members any signs or symptoms of discomfort and/or distress during or following a class.

I voluntarily agree, and therefore, assume all risks and responsibility for any such injury or accident which might occur to me or my child _____ (print name) during any of Danceartists Ballet Academy/ Danceartists Management studio classes, online classes, rehearsals, performances, or activities. I also exempt, release, and indemnify Danceartists Ballet Academy/Danceartists Management, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Danceartists Ballet Academy, Danceartists Management and its faculty. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Danceartists Management, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my child/children, I certify that I am the parent or legal guardian of _____ and have the authority to waive these rights.

Permission is granted to Danceartists Ballet Academy/Danceartists Management to use dance photographs of _____ (print students name) for publicity purposes.

I agree to abide by the social distancing, hygiene and health regulations as stated at <https://www.mass.gov> and the individual Health regulations set by Danceartists Management / Danceartists Ballet Academy and the US Federal Government. I pledge to not knowingly attend classes if I or my child are sick or have a fever. I agree that in the case of a positive Covid 19 test Danceartists will continue classes online for 14 days and resume in person after the 14 days and that the decision is at the discretion of Danceartists Management.

I agree that, in the case of lockdown Danceartists Classes will transfer to online training following State, Federal and Danceartists Business guidelines. I understand that these decisions are for the safety of all Danceartists Students, their Families and Danceartists Faculty and staff.

The signing of this form constitutes a contract for lesson tuition and associated costs for Danceartists Summer Intensive 2021. I /We have read completely, understood fully, and agree to abide by all of Danceartists Ballet Academy Code of Conduct, School Policy and Financial policy. I have read, understand, and agree to be bound by the above. I understand that Danceartists Ballet Academy reserves the right to refuse service.

Print Name: _____

Signature: _____ Date _____

**If student under 18, parents or legal guardian must sign

For: _____ (Name of Student)