## Summer Programs 2015





Please complete this entire form and send it to artsballet@gmail.com or Arts Ballet Academy, 11009 Warwick Blvd., Newport News, VA 23601. The program tuition is due at the time of registration. Thank you!

			Today's [	Date	
9	Student's Last Na	ame	First Nai	me	
1	Date of Birth		\ge	Male Female	
	Address			_ Apt. No	
				_ Zip Code	
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		X' next to the camp you			
JULY  AUGUST  Hold Harmle The undersigne whatsoever, for classes, worksh understands th Academy with right, title and i	Classical & Coi Enchanted Ga Acting Worksh Ballet Intensiv Ballet Intensiv Musical Theat Contemporary Contemporary ess Agreement/Re ed parent/student inder any damage or injuries nops, performances, fur not students may occasiout use of the child's nai interest in same are wai	arden & Beatrix Potter Frien hop(s) with Sheri Lahris, Jul we Advanced (Levels 4-6) Juwe Intermediate (Levels 2beve Junior Ages 9-12, July 20 ter Camp, August 10-14, TB, ry/Modern Advanced Level, ry/Modern Intermediate Levy/Modern Beginner Level, release and Photo/Video Numifies and agrees to holds has, and from any and all claims andraisers and other related actionally appear in promotional wime. By registering a child/studived.	ensive, Levels 3-Advances, Ages 3.5-5, July 13-1 y 17-19, Beginners and ly 20-24 & July 27-31, 9: 3) July 20-24 & July 27-3-24, 9:30 - 4:00, \$250 A, check if interested August 17-21, 9:00-1:30 / el, August 17-21, 9:00-12:00 / Waiver rmless Arts Ballet Academy and demands, including att vities provided by and/or a rideos, photos, brochures, ent, such use of the child/server.	ed, June 22-25,4:00-7:00, \$110 (or Pa 16, 9:00-11:30, \$120 Intermediates, Register Online Only :30-5:00, 2 weeks-\$495, 1 week-\$275 31, 9:30-5:00, 2 weeks-\$495, 1 week-\$ 0, \$165 1:30, \$165	assigns from any and all liability cipation in dance lessons, camps, undersigned parent/student ssociation with Arts Ballet wledged and, accordingly, all
Printed Name	e of Participant		Sign	ature (Parent's Signature if student is	under 18)
	P AYMENT O PTIONS				
	☐ CHECK ENCLOSED	CHECK# ———	NAME ON CARD		
	AMOUNT ENCLOSED:				
	PLEASE CHARGE MY:		CARD #		
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			SIGNATURE		