

**THE SCHOOL OF GREENSBORO BALLET'S
SUMMER 2010 SCHEDULE
336-333-7480**

| <u>DATE</u> | <u>CAMP</u> | <u>AGES</u> | <u>TIME</u> | <u>COST</u> |
|-------------|---------------------------|-------------|-------------|-----------------|
| June 14-18 | Nutcracker | 3-6 years | 9am-Noon | \$110 |
| June 21-25 | Princess* | 3-6 years | 1pm-5:30pm* | \$115-\$211.50* |
| July 12-16 | Flowers & Fairies | 3-6 years | 9am-Noon | \$110 |
| July 19-23 | Carnival of the Animals * | 3-6 years | 1pm-5:30pm* | \$115-\$211.50* |
| July 26-30 | Wiggly* | 3-6 years | 1pm-5:30pm* | \$115-\$211.50* |
| Aug. 16-20 | Princess | 3-6 years | 9am-Noon | \$110 |

*This camp is a collaboration with the Center for Visual Artists. Prices and times vary. Please call for more details.

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Student's Name _____ Age _____

Desired Camp(s) _____

Parent's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

Emergency Name & Phone _____

Please list medical conditions or learning disabilities that your child's teacher should be aware of:

MEDICAL RELEASE:

In case of emergency, if the Staff of Greensboro Ballet is unable to reach me by phone, or it is a situation that appears to require immediate emergency medical assistance, I hereby give my permission for the Staff to contact 911 and secure treatment for my child as named above.

As an additional consideration for the student's instruction, the undersigned hereby releases Greensboro Ballet from liability for injuries to the person or property of the student which may occur while participating in the activities of the School. The undersigned further agrees to indemnify the Greensboro Ballet in the event any claims are asserted against it arising from the student's participation in the activities of the School or affiliated company.

Greensboro Ballet shall have the right to use the name, photograph, video tape, voice, or other likeness of the dancer; and to exhibit the same through any medium whatsoever during the term of this agreement or at any time in the future for advertising, promotional or commercial purposes. All such reproductions shall be exclusive property of Greensboro Ballet.

I am in agreement with this release and consider it legal and binding.

Signature of Parent of Guardian

Date

BILLING INFORMATION

At least 1/2 of the total fee is due with registration. The other half is due by the first day of camp.

TOTAL: _____ Total Enclosed: _____ Amount due by first day of camp: _____

Make checks payable to Greensboro Ballet.
Mail to: Greensboro Ballet, 200 N. Davie St., Box 12, Greensboro NC 27401.