



BALLET ACADEMY OF TEXAS -- SUMMER 2010 Enrollment Form

June 7 - July 17 (Classes and Workshops) July 26- 30 & August 9-13 (Musical Theatre)

Student's Name _____ Level _____

Changes to Address, Phone, or E-Mail * _____

CLASSES

WORKSHOPS

INTENSIVES

PREBALLET

Studio

___ TUE 5:30 - 6:15 p.m. C

___ SAT 9:30 - 10:15 a.m. B

PREBALLET 2

___ TUE 6:15 - 7:00 p.m. C

___ THU 3:45 - 4:30 p.m. C

___ SAT 10:15 - 11:00 a.m. B

BEGINNING BALLET (AGE 6-8)

___ THU 5:45 - 6:45 p.m. C

BALLET 1

___ TUE 3:30 - 4:30 p.m. C

___ THU 4:45 - 5:45 p.m. C

___ SAT 11:00 a.m. - 12:00 B

JAZZ 1

___ THU 4:30 - 5:15 p.m. B

TAP 1A

___ TUE 4:30 - 5:15 p.m. C

TAP 1B

___ TUE 2:45 - 3:30 p.m. D

TEEN BALLET

___ THU 6:45 - 8:00 p.m. A

TEEN JAZZ

___ THU 5:30 - 6:30 p.m. B

ADULT BALLET (BEG.)

___ TUE 7:00 - 8:15 p.m. A

ADULT BALLET (INT.)

___ TUE 7:00 - 8:15 p.m. B

ADULT JAZZ

___ TUE 8:15 - 9:15 p.m. B

ADULT TAP

___ THU 6:30 - 7:30 p.m. B

LEVEL 2

___ JUNE 7-10

___ JUNE 21-24

___ JULY 5-8

LEVEL 3

___ JUNE 14-17

___ JUNE 28-JULY 1

___ JULY 12-15

LEVEL 4

___ JUNE 7-10

___ JUNE 14-17

___ JUNE 28-JULY 1

SUMMER INTENSIVE Level 5

___ JUNE 7-10

___ JUNE 14-17

___ JUNE 21-24

___ JUNE 28-JULY 1

___ JULY 5-8

___ JULY 12-15

SUMMER INTENSIVE Level 6

___ JUNE 7-11

___ JUNE 14-18

___ JUNE 21-25

___ JUNE 28-JULY 1

SUMMER INTENSIVE Level 7

___ JUNE 7-11

___ JUNE 14-18

MUSICAL THEATRE WORKSHOP

___ JULY 26- 30

___ AUGUST 9-13

My child is enrolling for ___ classes per week for a total of ___ weeks and/or the

following workshops:

New Students add \$15.00 Enrollment _____

*New Students Only -

' Please complete back of form

Total Enclosed with Form _____

Ballet Academy of Texas Enrollment Form

New Students Only --SUMMER 2010

Date Enrolled _____

STUDENT LAST NAME _____ STUDENT FIRST NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

BIRTHDAY ___/___/___ SEX ___ GRADE ___ PREVIOUS # YEARS DANCE TRAINING _____

EMAIL ADDRESS _____

FATHER'S NAME _____ CELL PHONE _____

MOTHER'S NAME _____ CELL PHONE _____

EMERGENCY CONTACT NAME _____ PHONE _____

MEDICAL CONDITIONS/SPECIAL NEEDS _____

How did you hear about us?

Referred by _____ Internet _____ Yellow Pages _____
Newspaper Ad _____ Sign _____ Other _____

BY MY INITIALS BELOW, I AGREE TO THE FOLLOWING POLICY:

_____ I am aware that there is a certain degree of risk involved in all physical activity, and that potentially severe injuries can occur. It is the express intent of the Ballet Academy of Texas Corporation to provide a safe environment and correct training in order to avoid any and all injuries to my child(ren). Therefore I agree to release the Ballet Academy of Texas Corporation from any liability should my child become injured while under the Ballet Academy of Texas' supervision.

Parent or Legal Guardian Signature _____

Date _____