GISELLE DiBLASI SCHOOL of BALLET

136 Hood Street; McDonough, GA 30253   770-820-7810   www.diblasiballet.com giselle@diblasiballet.com

Registration Form: INTENSIVE SUMMER PROGRAM 2024

Dancer's Name:_____Date of Birth:_____

Address:_____

City/State/Zip:_____Home Phone #:_____

E-mail address:_____

Mother or Guardian
Name:_____

Father or Guardian
Name:_____

Cell #:_____Work #_____

Cell #:_____Work #_____

Emergency Contact:_____Phone:_____

Allergies, Special Needs, etc:_____

New Students: $40 Registration Fee. Payment & Registration due June 1st Current Student: **No Reg. Fee**

Session Requested (Please Check): *Intensive Summer Program: Levels Based on 2024-2025 Season or Audition Placement. Int = Ballet 1 & 2; Int/Adv = Ballet 3 & 4; Adv = Ballet 5, 6 & 7. **Subject to Change*

_____Intermediate Ballet Level:	_____Monday, July 8 - Friday, July 12	9:00-11:30am	$225*
	and/or _____Monday, July 15 - Friday, July 19	9:00-11:30am	$225*
_____Intermediate/Advanced	_____Monday, July 8 – Friday, July 12	10:00am-3:00pm	$375*
	and/or _____Monday, July 15 – Friday, July 19	10:00am-3:00pm	$375*
_____Advanced	_____Monday, July 10 – Friday, July 14	11:30am – 4:30pm	$375*
	and/or _____Monday, July 17 – Friday, July 21	11:30am – 4:30pm	$375*

2 week price for the Int is $425 and Int/Adv and Adv levels is $725

RELEASE OF LIABILITY: I do hereby release the Giselle DiBlasi School of Ballet and its staff from any liability occurring on or around studio premises, or at any function held at other locations in connection with the dance classes in which the above named student is enrolled. I declare that the student is in good health and can participate in dance education classes. Given the nature of dance classes, and with the knowledge that injuries sometimes might occur, I have taken the necessary steps to obtain accident, health or hospitalization insurance, which would cover any sustained injury. In the event of an injury or emergency when I cannot be contacted, I give my permission for you to obtain medical services for the above named student. I give permission for Giselle DiBlasi School of Ballet to use photos of my child on their website or other publicity regardless of the dancer's present or future status.

Parent or Guardian Name:_____

Signature:_____Date:_____