



SPBALLET.ORG 651-690-1588 MAIN OFFICE: 1680 GRAND AVE, ST. PAUL 55105

2015 SUMMER REGISTRATION FOR NEW STUDENTS

as of February 12, 2015

Please complete the following to register for classes.

NOTE: Students registered for the 2014-15 School Year do not need to complete a registration form for summer classes.

1. Required forms:

Page 1- Student Registration/Information

Page 2- Release Form

2. Payment:

Tuition (see below for prices) **plus Summer Registration Fee** - \$15 for individuals and \$20 for families.

Payments can be made with **Cash, Check, or by Credit card** (Visa, Mastercard, American Express, Discover).

Please make checks payable to SPB.

3. Mail or bring completed and signed forms along with payment to:

1680 Grand Ave., St. Paul, MN 55105 **OR** email to registrar@spballet.org and call to pay by credit card at 651-690-1588.

Incomplete registrations will be placed on a waiting list.

If you have any additional questions, please call 651-690-1588 or email the registrar@spballet.org

Thank you!

CLASS	AGE	TUITION	TUITION	TUITION
Heros, Fairies & Princesses	6-8	\$120		
American Girlfriends Ballet	6-8	\$120		
The Wizard of Oz	6-8	\$225		
Dance and Art Camp	4-6	\$188		
The Story of a Frozen Ice Princess	3-5	\$150		
Dance Expressions	4-7	June \$34	July \$34	Aug \$34
Fundamentals 1	7-9	June \$34	July \$34	Aug \$34
Fundamentals 2	10-12	June \$34	July \$34	Aug \$34
Beginning Modern Dance	8-12	June \$34	July \$34	Aug \$34
Beginning Ballet	7+	Session 1: \$90	Session 2: \$90	
Level 1 Children's Ballet	8-10	Session 1: \$180	Session 2: \$180	
Level 2 Children's Ballet	9-12	Session 1: \$210	Session 2: \$210	
Level 3 Intensive	Call for placement	Full Session: \$470	3 weeks: \$384	2 weeks: \$255
Level 4 Intensive	Call for placement	Full Session: \$700	3 weeks: \$576	2 weeks: \$384
Level 5/6 Intensive	Call for placement	Full Session: \$1,300	3 weeks: \$900	2 weeks: \$600
CLASS		PUNCH CARDS	EXPIRATION from purchase date	
Teen/Adult 4-class card		\$54	6-months	
Teen/Adult 8-class card		\$98	6-months	
Teen/Adult 12-class card		\$132	6-months	

2015 SUMMER REGISTRATION

Saint Paul Ballet School

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STUDENT'S INFORMATION

Student's Name (Last) (First) Home telephone Cell phone

Age (If minor) Birth date Male(M)/Female(F) Years of dance training Last ballet/dance school attended

E-mail address (please print)

Address / Street City State Zip

How did you hear about SPB?

FOR OFFICE USE ONLY

Registration Date MONTH DAY YEAR

Program and Class Level

PARENT/GUARDIAN'S INFORMATION

1st Parent or Guardian's Full name

Home telephone Direct/Work telephone Cell Phone

E-mail address (please print)

2nd Parent or Guardian's Full name

Home telephone Direct/Work telephone Cell Phone

E-mail address (please print)

BILLING INFORMATION

Person responsible for payment Direct/Work telephone Cell Phone

Billing Address / Street City State Zip

EMERGENCY CONTACT INFORMATION

Emergency Contact Relationship to student Home telephone number

Direct/Work Phone Cell Phone

NO refunds will be given except in cases of injury with a written doctor's statement. Make-ups granted by the Director must be taken within 30 days and may be taken only within the same discipline.

I understand and accept the refund and make-up policy.

Saint Paul Ballet does not share the information you give us outside of the organization. Only the Director and Registrar have access to this record. At times it may be necessary for you/your child's teacher to contact you. Your contact information will not be given to the teacher without your permission as indicated: I give my permission for my contact information only to be given to my/my child's teacher.

Print Name Signature (Parent, if minor) Date

RELEASE FORM

LIABILITY RELEASE: I hereby certify that I am/my child is in normal physical and mental health, or under the care of a licensed health care professional, and able to carry out normal functions. I also certify that if I/my child has a history of behavioral problems, he or she is able to behave in a measurably acceptable and safe manner. I list below any current physical, mental or behavioral problems, medications, and agree to notify SPB of any changes in this status:

Allergies/Health concerns: _____

I am aware that dance training and the associated athletic exercises therein may place unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my behalf), I assume all risks and hazards incidental to the conduct of the program.

I agree to release from all liability, discharge and promise not to take legal action against SPB, its directors, owners, employees, representatives, volunteers or agents, and its landlord. I agree to release the aforementioned persons from any liability to me, my heirs, next of kin, assigns or personal representatives for any losses, damages, claims or demand arising out of my death, injuries or damages to property, even if their individual or collective negligence contributes to such death, injuries or damages.

I certify to SPB that I am eighteen (18) years of age or older (or if a minor, I am the parent or legal guardian of the student) and physically and mentally capable of safely participating in classes, rehearsals, and performances. I freely and voluntarily assume complete personal responsibility for all risks and for my death or any injury or damage that may occur to me or my property as a result of these risks, even if such death, injury or damage occurs in a manner that is not foreseeable to me at this time. I realize that by voluntarily assuming the risks involved, I will be solely responsible for my death or any injury or damage that I sustain.

PUBLICITY RELEASE: I hereby authorize the SPB to record the student's picture and voice on photographs, films and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio or television broadcast programs. I also give my permission for SPB to use and license others to use these materials in any manner or media whatsoever. SPB is permitted to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation are made by SPB for such use.

MEDICAL RELEASE: In the event I cannot be reached, I hereby give my permission to the management, faculty, and or staff of SPB to authorize any emergency medical care that may be required by the above student during their participation in classes, performances, or any related SPB event. This authorization extends through the current school year or until the student is no longer enrolled at SPB. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

I understand and accept the Liability Release.

I understand and accept the Publicity Release.

I understand and accept the Medical Release.

Print Name

Signature

Date