



# SUMMER INTENSIVE DAY PROGRAM 2011

## REGISTRATION FORM



### BRAE CREST SCHOOL OF CLASSICAL BALLET

OFFICIAL SCHOOL OF THE STATE BALLET OF RHODE ISLAND

MONDAY, AUGUST 1<sup>ST</sup> – FRIDAY AUGUST 4<sup>TH</sup>

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_

Prefer to be called \_\_\_\_\_

DOB \_\_\_\_\_ GENDER \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

CONTACT TELEPHONE(s) \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ TEL. \_\_\_\_\_

LEOTARD SIZE (circle one) ChSM ChMED ChLG AdSM AdMED AdLG AdXL AdXXL

ALLERGIES / MEDICINES / SPECIAL ACCOMMODATIONS  
\_\_\_\_\_

#### Brae Crest School of Ballet (BCSB) Release Form

##### TO WHOM IT MAY CONCERN:

This is to certify that I am a parent or legal guardian of a minor, \_\_\_\_\_, [OR ADULT SELF] properly registered with BCSB. I do hereby waive, release, absolve, indemnify, and agree to hold harmless BCSB, the organizers, supervisors, participants and persons for any claim arising out of an injury to the participant. I hereby hold harmless Brae Crest School of Classical Ballet (BCSB) and/or Herci Marsden during this summer camp. I give permission for photographs of myself or my student to be used for promotional purposes by BCSB.

Parent/Guardian/Dancer Printed Name: \_\_\_\_\_

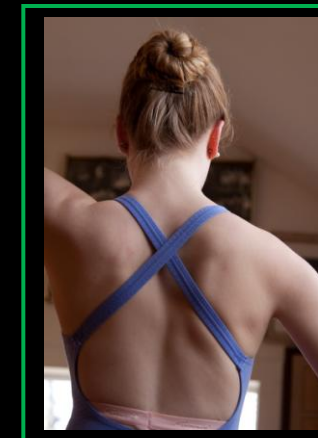
Relationship: \_\_\_\_\_

Parent/Guardian/Dancer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**BRAE CREST SCHOOL OF  
CLASSICAL BALLET**

**HERCI MARSDEN, ARTISTIC DIRECTOR**



Exceptional training in a nurturing environment...

#### Summer Intensive Details

- 4-Day Camp for Intermediate & Advanced Dancers, Ages 10 to pre-professional – with 5<sup>th</sup> Day Parent Performance.
- 10:00am-2:30pm Monday- Thursday; Friday 10:00am with 12:30pm performance
- **One Week Session: August 1-4**  
Curriculum includes classes in technique, pointe, character, modern, contemporary, and various studies of classical and/or contemporary ballets. Also, receive lectures in injury prevention, nutrition, and ballet-related topics.
- Cost: \$145 Full Session.  
*Checks made payable to: Herci Marsden, BCSB*
- Uniform Leotard Required & Supplied

**Limited Enrollment.**

**Enrollment Deadline: June 1, 2011**

**\*\*\* State Ballet of RI dancers MUST be enrolled in Brae Crest School's 5-Week Summer Ballet Program PRIOR to this registration. \*\*\***