



SUMMER INTENSIVE DAY PROGRAM 2020

REGISTRATION FORM

BRAE CREST SCHOOL OF BALLET



OFFICIAL SCHOOL OF THE STATE BALLET OF RHODE ISLAND

Tuesday, Wednesday, Thursday Int.-July 21, 22, 23 and Adv.-July 28, 29, 30, 2020 from 9:00am-4:30pm

STUDENT NAME _____ AGE _____ DOB _____

GENDER _____ PARENT/GUARDIAN NAME (if under 18yrs. old) _____

ADDRESS _____ CITY/ST _____

CONTACT TELEPHONE(s) _____

DANCER/PARENT EMAIL _____

EMERGENCY CONTACT _____ TEL. _____

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

Males: SHIRT SIZE (circle one) CHSM ChMED ChLG AdSM AdMED AdLG AdXL

ALLERGIES / MEDICINES / SPECIAL ACCOMMODATIONS: _____

CURRENT DANCE SCHOOL/COMPANY _____

YEARS DANCING _____ YEARS en POINTE _____

***All Non-Brae Crest Students Must Take an Open Audition Class, Scheduled Prior to Program Acceptance. To Schedule, contact BCSB Office 401-334-2560.**

Cost: Intermediate Session ages 10 to 12 & Advance Session ages 13 & up.

Cost: \$280 Cash or Checks made payable to: Herci Marsden, BCSB

A Non-Refundable Deposit of \$50 is due by May 1st, 2020. Balance Due by June 10th.



Limited Enrollment.

Enrollment Deposit: \$50 May 1, 2020

Balance Due: \$230 June 10th 2020

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 BALLET
HERCI MARSDEN, ARTISTIC DIRECTOR