

**International Ballet Academy of Norwell, Inc.**

34 Accord Park Drive  
Norwell, MA 02061

123 Muller Road  
Burlington, MA 01803

# International Ballet Intensive Summer 2019 Registration

## Program Dates

\*All ages may choose 4 or 3-week program.

   Option 1: June 24 – July 19 (4 weeks, Burlington)

   Option 2: July 15 – August 2 (3 weeks, Norwell)

## What to Bring

-Headshot

-Pre-professionals may bring a resume (optional)

-\$25 registration fee (cash/check)

## What to Wear

-Girls and Ladies should wear leotard, tights, ballet slippers (or pointe shoes if 12+), and have hair in a bun

-Boys and Gentlemen should wear white t-shirts, tights, sweatpants or bike shorts, and black or white ballet slippers

## **Student Information**

Name of Student: \_\_\_\_\_ Audition # \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Academic School: \_\_\_\_\_

## **Previous Dance Training:**

\_\_\_\_\_

## **Parent/Guardian One (If Under 18)**

Name of Parent/Guardian: \_\_\_\_\_

Home Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (if different from student's) (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

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## **Parent/Guardian Two (If Under 18)**

Name of Parent/Guardian \_\_\_\_\_

Home Address (if different from student) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (if different from student) (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_ Will you apply for any scholarship or financial aid to pay for this program?

\_\_\_ Will you need hotel residency or home stay?

How did you learn about this program? \_\_\_\_\_

## **Waiver of liability/ Medical/Media Release/Agreement to pay**

\_\_\_ I am aware that dance training places unusual stress on the body. On behalf of my child and myself, I assume the risk and agree that Ballet Academy of Norwell (IBA), Board of Directors, Faculty, and any of the chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the academy or any of its related functions. I give my permission to be treated for emergency medical care.

Medical Insurance and number: \_\_\_\_\_

Please share any information that will help us provide a safe and positive experience for your child while at IBAN such as allergies, special medical conditions, or learning disability.

\_\_\_ I give my permission for photographs or television footage that include my child to be used for promotional purposes on television, newspapers, magazines, brochures, billboards or any other form of advertising.

\*Must be signed. \_\_\_\_\_

Signature of parent or guardian

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of student

\_\_\_\_\_ Date