



International Ballet Academy of Norwell
 34 Accord Park Drive
 Norwell, MA 02061
 (339) 788-9670

International Ballet Intensive Summer 2017 Registration

Program Dates

*All ages may choose 6 or 3-week program.

__ **Option 1:** June 16 – August 4 (6 weeks, Burlington & Norwell)

__ **Option 2:** June 26 – July 14 (3 weeks, Burlington)

__ **Option 3:** July 17 – August 4 (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, 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 _____

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 International 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 IBA 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