



2021 Summer Camp Registration

FOR OFFICE USE ONLY:

_____ Reg Form	_____ Reg Fee
_____ Medical Form	_____ Off Campus
_____ 50% Deposit	_____ Balance

SECTION A: STUDENT INFORMATION

LAST NAME:	Check to Indicate the Following:		
FIRST NAME:	_____ New Student	_____ Current Season Student	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate (<i>Students should be 7 years old by May 31, 2021</i>): (mo/dd/yr) / /		Age:
Former Dance School (s):			
Number of Years Experience in the following: BALLET: _____ JAZZ: _____ TAP: _____ CHARACTER: _____ MODERN: _____			

SECTION B: PARENT INFORMATION - (*Please skip to SECTION D if this student is a currently registered student and there are no changes to this information since their last registration. If there are changes to your information, please note it below.*)

Parent/Guardian Name:		Relationship to Student:	
Address:		City:	State: Zip:
Phone:	Email:		
Spouse Name:		Relationship to Student:	
Phone:	Email:		

SECTION C: EMERGENCY CONTACT INFORMATION (other than parents)

Name:	Phone:	Relationship to Student:
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SECTION D: SESSION INFORMATION

Indicate below the weeks for which you would like to be considered for registration (check all that apply):

_____ Week 1 (June 21 – 25, 2021) _____ Week 3 (July 5 – July 9, 2021) _____ Week 5 (July 19 – 23, 2021)

_____ Week 2 (June 28 – July 2, 2021) _____ Week 4 (July 12 – 16, 2021) _____ Week 6 (July 26 – 30, 2021)

Indicate the format of study for which you are applying: _____ IN PERSON study only _____ ONLINE study only

SECTION E: TUITION INFORMATION (*20% reduction for online only study*)

Tuition fee for single weeks (\$600/week)	\$600.00	Four (4) consecutive weeks (\$500/week)	\$2,000.00
Two (2) consecutive weeks (\$575/week)	\$1,150.00	Five (5) consecutive weeks (\$450/week)	\$2,250.00
Three (3) consecutive weeks (\$550/week)	\$1,650.00	Six (6) consecutive weeks (\$400/week)	\$2,400.00
Registration Fee: \$ 50.00 (<i>\$100 after May 1, 2021</i>)	\$	/ /	<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> CC #
Tuition 50% - Due by 5/15/21	\$	/ /	<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> CC #
Tuition Balance - Due by June 1, 2021	\$	/ /	<input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> CC #

SECTION F: STUDENT MEDICAL INFORMATION & RELEASE

Primary Physician:	Clinic:	
Insurance Company:	Policy Holder's Name:	
<i>Please answer the following. If you answer YES to any of these questions, please attach an explanation to this registration for admission, providing any appropriate medical documentation. Incomplete medical information will disqualify a dancer from participation in IBA programs.</i>	YES	NO
Has the student represented had or does he/she have any medical limitations or restrictions on physical activity?		
Has the student had any recent surgery or broken bones? <i>(An answer of yes to this question may require a release from a doctor for the dancer represented to participate in the IBA Summer Program.)</i>		
Has the student in the past or does he/she at this time suffer from asthma?		
Does this dancer have any other learning/physical/emotional/ behavioral challenges of which we should be aware?		
Is the student currently on any medications or medical assistance devices (including epi-pen, asthma inhaler, etc.) that need to be with them while they are at IBA?		
Use this space to elaborate on any important medical information noted above:		
<i>To Whom It May Concern: If in the event of illness or injury I authorize IBA staff/personnel and other adult parties present to seek out medical attention as they feel is most necessary. If, in the professional judgment of a qualified medical doctor or other emergency treatment personnel, medical assistance or treatment is required, this authorizes all medical parties involved to offer such medical treatment or assistance as is believed to be medically necessary at that time.</i>		
Parent/Guardian Signature:	Date: / /	

SECTION G: GENERAL LEGAL RELEASE & POLICY ACCEPTANCE

INITIAL ALL PLEASE: I (We) understand that:

_____ A **non-refundable** \$50 summer registration fee is required for all students accepted into the 2021 Summer Session. Audition fees will be applied to this registration fee where applicable. For consideration for the 2021 IBA Summer Intensive, submission of this form and the registration (or audition) fee is required. *(Submission of this registration does not guarantee admission.)*

_____ Dancers who attended the **2020 IBA Summer Master Classes** will not need to audition for the 2021 Summer Program. Dancers who are current, registered dancers of the International Ballet Academy will not need to audition for placement in the 2021 Summer Program.

_____ A **50% deposit on the total tuition is due no later than May 15, 2021.** The total tuition balance and all completed forms are due **by June 1, 2021.** A \$25 late fee will apply with regard to **both** of these noted deadlines should they be missed. Students with unpaid accounts will be removed from the program to open space for other applicants.

_____ Changes made to a dancer's summer intensive schedule after June 1, 2021, requiring any adjustments to class enrollment and/or tuition amounts will result in an administrative class transfer fee.

_____ I acknowledge, understand and agree that all late registrations submitted after May 1, 2021, will be assessed an additional **late registration fee of \$50.00**, regardless of how many weeks you intend to be in the program.

_____ All deposits, payments & fees are **non-refundable.** I understand that after the June 1, 2021 deadline, I am responsible for the payment of the full tuition. I agree to pay late fees and/or any costs for collection of any unpaid tuition and fees.

_____ Dance requires physical exertion. I agree to assume full responsibility for any risks, injuries or damages that might occur as a result of my or my child's participation in this summer dance program.

_____ I agree not to hold the **International Ballet Academy (IBA)**, associations, any faculty, employee or volunteers of IBA liable for injuries sustained or illnesses contracted while taking part in programs of **IBA.**

_____ I (We) give permission for the **International Ballet Academy** to take photos of my daughter/son to use for purposes of promoting the school and sharing the activities of participating dancers via brochures, website, social media or any other venue as seen appropriate by the IBA faculty and marketing directors.

_____ By signing below, I have read and accept the policies and waivers above and those found in the full **IBA Parent/Student Handbook & Covid-19 Stay Safe** publications found on the International Ballet Academy website, as well as any other published parent and student guidelines specific to this Summer 2021 program to include code of conduct statements and dress code guidelines.

Parent Signature:	Date: / /
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