

***M.S.D.T Summer Dance Registration Form  
Summer 2010***

Student Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-MAIL (For Billing & News letters) \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ zip: \_\_\_\_\_  
 Injuries or other medical conditions of which we should be aware: \_\_\_\_\_

Who is allowed to pick student/s up after class? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Would you like to walk in the Sweet Pea Parade and perform in the Show? All sessions may participate (1<sup>st</sup> weekend in August) \_\_\_\_\_

We will inform you about times and rehearsals for Sweet Pea when we get the festival information in late June or early July.

**Please circle the session you want to enroll in, the cost, your child's age and the day of the week you want to go to class on. Turn in the registration form and tuition fee at least one month before beginning class. Once this form and the fee have been received you will officially be enrolled in summer classes.**

Session 1 June 7- July 2	Session 2 July 5- July 30	Session 3 August 2- August 27
<u>Cost</u>	<u>Ages</u>	<u>Class Times</u>
\$35	2-3.5	10-10:30
		Mon, Wednesday or Friday
\$42	3-4	10-10:45
		Tuesday or Thursday
\$42	3.5-5	10:30- 11:15
		Mon, Wednesday or Friday
\$50	5-7	10:45-11:45
		Tuesday or Thursday

By signing on the below line I agree that I have been informed to read the curriculum and cost sheet, registration/tuition policies and procedures, dress code and student behavior guidelines posted on [www.mainstreetdance theatre.com](http://www.mainstreetdance theatre.com) and within the studio facility in its' entirety and agree to adhere to the stated above guidelines Bozeman Ballet Ltd. DBA Montana Ballet School or Main Street Dance Theatre follows. I understand that participation in dance classes with Bozeman Ballet Ltd. DBA Montana Ballet School or Main Street Dance Theatre, is at my and my child's own risk and that Bozeman Ballet Ltd. is not responsible for any expulsion from the program, injury or illness that may occur. On behalf of myself and my child I accept these risks and waive and forever discharge Bozeman Ballet Ltd. and its employees, officers, agents, independent contractors, successors and assigns from any and all causes of action or claims. Nothing herein shall be construed as a release of any cause of action for fraud, willful injury, or willful or negligent violation of the law. In case of emergency if neither parent can be reached, I give my permission for my child to be treated at the nearest medical facility.

Print Parent or Guardian Name: \_\_\_\_\_  
 Sign Parent or Guardian Name: \_\_\_\_\_

