

**M.S.D.T Summer Dance Registration Form
Youth Summer 2011**

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 (1st 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	Session 2	Session 3	
June 6- July 1	July 5- August 1	August 2- August 29	
<u>Cost</u>	<u>Ages</u>	<u>Class Times</u>	<u>Days</u>
\$35	2-3.5	10-10:30 (meets 4 times) 9:30-10	Mon, Wed or Friday Tues & Thur
\$42	3-4	10-10:45 (meets 4 times)	Tuesday or Thursday
\$42	3.5-5	10:30- 11:15 (meets 4 times)	Mon, Wed or Friday
\$50	5-7	10:45-11:45 (meets 4 times)	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.mainstreetdancetheatre.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: _____