

Ballet Academy Ventura Camps 2019

Registration Form

Pirates and Princess Dance Camp **\$130 LIMITED SPACE! (\$120 if before April 17)**

___ July 15 - July 19 Monday—Friday 9:00—Noon

Adventures in Dance Camp Prep Level 1, Level 1 & Level 2 ages 5 1/2 and up

\$220 (\$175 if before April 17)

___ July 15 - July 19 Monday—Friday 9:00—Noon

Junior “Junior” Intensive Level 2A/B & 3A **\$395 ___ (\$380 if before April 17)**

Camp 1 July 22 - July 27 Monday—Friday 9:00—3:00 PM and Saturday 11:00-2:00pm (**Week 1**)

Camp 11 July 29- Aug 3 Monday—Friday 9:00—3:00 PM and Saturday 11:00-2:00pm (**Week 2**)

\$780 if attending both Intensives

Junior Intensive Level 3B - Advanced **\$395 ___ (\$380 if before April 17)**

Camp 111 July 22 - July 27 Monday—Friday 9:00—3:00 PM and Saturday 11:00-2:00pm (**Week 1**)

Camp 1V July 29- Aug 3 Monday—Friday 9:00—3:00 PM and Saturday 11:00-2:00pm (**Week 2**)

\$780 if attending both Intensives

Camp(s): _____ Dates: _____ Amount: _____

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Registration form with deposit is due by **June 17, 2019**, to secure place in camp. (Deposit amount will be applied towards camp tuition).

Tuition Total: _____

Deposit: _____ (**non refundable except in case of injury**)

Balance due by June 9: _____

Payment Method: ___ Cash ___ Check ___ Autopay

Credit Card: _____ Exp: _____ Zip Code: _____

Child Name: _____ Age: ___ Birthday: _____

Parents name: _____ Address _____

City _____ Zip Code : _____

Best Phone number: _____ Alternate Phone number: _____

Email: _____ Texting Phone Number _____

Has child studied ballet or dance? ___ If yes, what type? _____ How Long? _____

**Registration form, Medical form and Payment can be brought to the Ballet Academy Office or mailed to:
Ballet Academy Ventura, 2750 E. Main St. Ventura, CA 93003 Questions call: 805-653-2800**

Ballet Academy Ventura Camp 2019

Medical Information Form

Child's Name: _____

Medical History

Known Allergies (drugs, etc. and/or pre-existing condition):

Medication student is taking: _____

Recent Injuries: _____

Chronic Condition: _____

Family Physician: _____ Phone #: _____

I understand that if my child suffers a serious injury or illness while at Ballet Ventura Camp, first aid will be rendered. The camp staff will make an immediate and continued effort to contact the child's parents. If a parent or guardian cannot be reached, the camp staff has my/our permission to take my/our child, _____, to the doctor and/or hospital to be treated as necessary for the injury or illness.

(print child's name)

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Email address:

Release of Liability

I agree that I will not hold Ballet Academy Ventura, Ventura County Ballet, Kathleen Noblin, or its contractors liable for any injury or illness that might occur while my/our child, _____, is a student or camper at Ballet Academy Ventura.

print child's name

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

BAV Representative _____ Date _____