



SUMMER INTENSIVE DAY PROGRAM 2021!

REGISTRATION FORM

BRAE CREST SCHOOL OF BALLET



OFFICIAL SCHOOL OF THE STATE BALLET OF RHODE ISLAND

Tues., Wed., Thur. Young Dancer Session: July 27, 28, 29 and Int./Adv.: August 3, 4, 5 from 9:00am-4:30pm

STUDENT NAME _____ AGE _____ DOB _____

GENDER _____ PARENT/GUARDIAN NAME (if under 18yrs. old) _____

ADDRESS _____ CITY/ST _____

CONTACT TELEPHONE(s) _____

DANCER/PARENT EMAIL _____

EMERGENCY CONTACT _____ TEL. _____

Females: LEOTARD SIZE (circle one) ChSM ChMED ChLG AdSM AdMED AdLG AdXL

Males: SHIRT SIZE (circle one) CHSM ChMED ChLG AdSM AdMED AdLG AdXL

ALLERGIES / MEDICINES / SPECIAL ACCOMMODATIONS: _____

CURRENT DANCE SCHOOL/COMPANY _____

YEARS DANCING _____ YEARS en POINTE _____

***All Non-Brae Crest Students Must Take an Open Audition Class, Scheduled Prior to Program Acceptance. To Schedule, contact BCSB Office 401-334-2560.**

Fee: \$380 - Young Dancer Session ages 9 to 12

Fee: \$410 Intermediate/Advance Session

Cash or Checks made payable to: Herci Marsden, BCSB

A Non-Refundable Deposit of \$50 is due by April 1st, 2021. Balance Due by June 1st



Limited Enrollment.

Enrollment Deposit: \$50 April 1, 2021

Balance Due: June 1, 2021

Brae Crest School of Ballet (BCSB) Release Form

TO WHOM IT MAY CONCERN:

This is to certify that I am a parent or legal guardian of a minor, _____, [OR ADULT SELF] properly registered with BCSB. I do hereby waive, release, absolve, indemnify, and agree to hold harmless BCSB, the organizers, supervisors, participants and persons for any claim arising out of an injury to the participant. I hereby hold harmless Brae Crest School of Classical Ballet (BCSB) and/or Herci Marsden during this summer camp. I give permission for photographs of myself or my student to be used for promotional purposes by BCSB.

BRAE CREST SCHOOL OF BALLET
HERCI MARSDEN, ARTISTIC DIRECTOR

Parent/Guardian/Dancer Printed Name: _____

Relationship: _____

Parent/Guardian/Dancer Signature: _____