



SUMMER INTENSIVE DAY PROGRAM 2024!

REGISTRATION FORM

BRAE CREST SCHOOL OF BALLET



OFFICIAL SCHOOL OF THE STATE BALLET OF RHODE ISLAND

Fri., Sat., Sun., Mon., Tues., Wed., Thur. Young Dancer Session: July 23, 24, 25 and Int. /Adv.: July 30, 31 & Aug. 1 from 9:00am-4:30pm

STUDENT NAME _____ AGE _____ DOB _____

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

ADDRESS _____ CITY/ST _____

CONTACT CELL PHONE _____

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 May Take an Open Audition Class, Scheduled Prior to Program Acceptance. To Schedule, contact BCSB Office 401-334-2560.**

Fee: \$410 - Young Dancer Session ages 9 to 12

Fee: \$450 Intermediate/Advance Session

Cash or Checks made payable to: Brae Crest School of Ballet

A Non-Refundable Deposit of \$50 is due by April 4th, 2024. Balance Due by June 1st



Limited Enrollment.

Enrollment Deposit: \$50 April 4, 2024

Balance Due: June 1, 2024

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: _____