

**SACB Senior Summer Intensive
August 8-12 & August 15-19, 2011**

Child's Name: _____ Parent's Name: _____

Address: _____

Phone: _____ Email: _____

Please review and initial the following policies/statements, indicating your understanding and acceptance.

___ I. There are no tuition refunds.

___ II. Standard training for a dancer includes physical contact between teacher and student and self. Touch may be used to facilitate:
-improved alignment
-identification and release of habitual holding patterns and areas of tension
-increased flexibility, mobility and strength

Parent Release for Media Recording

I, _____, do hereby grant or deny permission to the San Angelo Civic Ballet to use the image of my child, _____, as marked by my selection below. Such use includes the display, distribution, publication, transmission or otherwise use of photographs, images and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos and digital images as those on the SACB web site.

___ Deny permission to use my child's image at all.

___ Grant permission to use my child's image in the following ways

___ Limited usage: I want my child's image used within the SACB setting only (not in the community).

___ Unrestricted usage: I give unrestricted permission to use my child's image as outlined above, without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent signature

Code of Conduct

In order to provide a positive environment for all participants, it is expected that each student will conduct his/herself with respect for the instructor and fellow students. Inappropriate, unkind or disrespectful behavior will not be tolerated, and may be grounds for dismissal.

Student signature

Parent signature

Liability Release:

I agree to release the San Angelo Civic Ballet, Inc. (SACB), its agents, employees, and Board of Directors from liability for any and all damages or injuries that may occur as a result of participation in activities, auditions, rehearsals, classes, or performances involving the SACB. I realize the SACB is a non-profit organization sponsored for the benefit of the community and therefore agree to indemnify and hold no party connected with the SACB responsible for injury or harm incurred during the normal pursuit of SACB classes and activities.

Parent/Guardian Signature

Student Signature (if 18 or older)

Date

Please check the appropriate level. See schedule for class times.

Level 3/4:

____ August 8-12 \$130
____ August 15-19 \$130
____ August 8-19 \$260

Level 1A/Pre Ballet:

____ August 8-12 \$20
____ August 15-19 \$20
____ August 8-19 \$40

Level 2B:

____ August 8-12 \$60
____ August 15-19 \$60
____ August 8-19 \$120

Creative Movement I:

____ August 8-12 \$10
____ August 15-19 \$10
____ August 8-19 \$20

Level 2A:

____ August 8-12 \$30
____ August 15-19 \$30
____ August 8-19 \$60

Creative Movement II:

____ August 8-12 \$10
____ August 15-19 \$10
____ August 8-19 \$20

Level 1B:

____ August 8-12 \$25
____ August 15-19 \$25
____ August 8-19 \$50