

Application for Admission

SDB Summer Intensive: August 1 – August 13, 2011

Last Name _____ First _____ M.I. _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone _____ Cell _____

Age _____ DOB ____/____/____ Height _____/____ Weight _____

Emergency Contact: Name _____ Phone _____

Years of Previous Training _____ How many ballet technique classes per week _____

Years of Pointe work if applicable _____

I attest that the information contained in this application is correct to the best of my knowledge. I will not hold San Diego School of Ballet, San Diego Ballet, Dance Place San Diego, or any faculty member or employee liable for any injury or illness sustained during the SDSB Summer Intensive. I have read the Policies and Financial Obligations and I agree to comply.

I further agree to allow the use of student's photographs, video images, and/or audio recordings in which they may be heard, for publicity purposes related to Dance Place San Diego, San Diego Ballet and School and its programs and activities. I agree that all such images and recordings are the sole property of the San Diego Ballet and School.

Applicant
Signature _____ Date ____/____/____

Parent Signature (If applicant is under 18 years of age)

Date ____/____/____

COST OF PROGRAM \$610:

DEPOSIT _____ DATE PD _____

AMOUNT _____ DATE PD _____

AMOUNT _____ DATE PD _____

TOTAL PAID: _____