



The Bendheim Western Greenwich Civic Center Presents:



Adult Ballet Workshops, Fall 2009
(starting on Monday 9/14/2009)

Mondays 7:30 pm - 9:00 pm
Wednesdays 7:00 pm - 8:30 pm



Please join us for Floor Barre and Ballet Technique
Classes taught by Ms. Carole Alexis at the:

Bendheim Western Civic Center
449 Pemberwick Road
Greenwich, CT 06830
2nd floor Dance Studio

Fee is \$20/class, or \$150/10 classes,
payable at the time of class.
Please complete Registration Form with payment.

For more information please call: 203-856-7953



GREENWICH BALLET ACADEMY

Adult Ballet Registration Form 2009/2010

P.O. Box 1561
Greenwich Ave Stn
Greenwich, CT 06830

Please print clearly.

Participant

Name (Last) _____ (First) _____ (M.I.) _____

Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Phone: (Home) _____ (Cell) _____ (Work): _____

Email: _____

Occupation: _____ **How did you hear about us?** _____

Previous Dance Training

Please list your most recent training first.

_____ **May we put you on our mailing list? Yes / No**

Liability Release:

I am aware that dance training and the athletic exercise associated with it place unusual stress on the body and carry the risk of physical injury. On my own behalf, I assume the risk and agree that the Greenwich Ballet Academy (GBA) shall not be liable in any way for injuries sustained during attendance at the Academy or any of its related functions. I understand that good ballet training involves touching and adjustment of the student's body by the instructor.

Signature: _____

Publicity Release:

I hereby authorize the Greenwich Ballet Academy to record my picture and voice on photographs, films, and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio or television broadcast programs and websites. I also give my permission for GBA to use and license others to use these materials in any manner or media whatsoever. GBA is permitted to use these materials for publicity, advertising and promotion, and to use my name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation were made by GBA for such use.

Signature: _____

Medical Release:

I hereby give my permission to the management, faculty, and staff of the Greenwich Ballet Academy to authorize any emergency medical care that I may require during participation in classes. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Signature: _____

Tuition Payment Agreement

I agree to pay the Greenwich Ballet Academy for dance instruction per the published tuition rates for the period of study. I understand that I can make payment by cash or check, payable to the Greenwich Ballet Academy, and that there will be a \$30 charge for returned checks. I understand that payment of tuition entitles the student to attend adult ballet classes as scheduled, and that no refunds are given for classes missed because of absenteeism, illness, vacation, acts of God or inclement weather. Class schedules are subject to change at the sole discretion of the Academy. I understand that tuition fees are **due and payable in full prior to the start of each class.** Signature: _____

Medical Information

Physician Name _____ Physician Phone _____

Please list any medications that you are currently taking _____

Please list any special medical conditions/allergies of which GBA should be aware: _____

I have read, understood, and agreed to the Liability Release, Publicity Release, Medical Release:

(Must be 18 years of age or older)
Name (Please Print)

Signature

Date

The Greenwich Ballet Academy is a not-for-profit organization. The Academy admits students of any race, sex, religion, national or ethnic origin and does not discriminate on the basis of such in administering its admissions policies and educational programs.