

# 2019 SUMMER DANCE INTENSIVE REGISTRATION FORM



*Artistic Director:*  
Andrea Paris-Gutierrez  
16422 Ventura Blvd. #2B,  
Encino, CA 91436

Ph: (818) 382-2500  
Fax: (818) 382-2507  
www.laballet.com  
info@laballet.com



## 2019 SUMMER DANCE INTENSIVE REGISTRATION & INFORMATION July 8 – August 2, 2019

DANCER's NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

PARENT's NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TEL - HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMAIL \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT** \_\_\_\_\_ PHONE \_\_\_\_\_

PEDIATRICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

I understand that no emergency treatment will be given without parental consent except in life-threatening situations. Because informed consent must be given at the time of the incident, I understand that I must leave contact numbers where I may be reached if the above numbers do not apply.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### WEEK/s ATTENDING:

Week 1 (7/8 - 12);  Week 2 (7/15 - 19);  Week 3 (7/22 - 26);  Week 4 (7/29 - 8/2)

Fee for 1 week = \$650; 2 weeks = \$1,300; 3 weeks = \$1,900; 4 weeks = \$2,500

**REGISTRATION:** Please register as soon as possible. Your non-refundable registration deposit of \$250 per week is due on or before April 19, 2018. Final payment due June 9, 2018.

Total Registration fee for \_\_\_\_\_ weeks of LABA's Summer Intensive program = \$ \_\_\_\_\_

**LABA INSTRUCTOR DISCOUNT:** Please deduct 50% from the Registration fee above = \$ \_\_\_\_\_

**Enclosed my non-refundable deposit due by April 19:** \_\_\_\_\_ weeks x \$250 pw = \$ \_\_\_\_\_

**BALANCE -- Due by June 9, 2019** = \$ \_\_\_\_\_

Check (payable to Los Angeles Ballet Academy)  Visa  MasterCard  AmEx  Discover

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**HOUSING:** Some limited opportunities for home-stays may be available at \$600 per week.

We require a housing deposit of \$600 (CHECK ONLY) by April 19, 2019 to explore opportunities for a home-stay. *If we are not able to secure a home-stay for you by May 14, 2019, we will refund only your housing deposit.*

[ ] YES, I am interested in a home-stay. Please find my housing deposit of \$600 enclosed. Check # \_\_\_\_\_

Studio at which dancer currently trains \_\_\_\_\_

Is dancer on pointe? \_\_\_\_\_ If yes, when did dancer go on pointe? Month \_\_\_\_\_ Year \_\_\_\_\_

If dancer has any medical conditions, allergies or physical limitations that we should know about, please note:

\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ release Andrea Paris-Gutierrez and Theatrics Dance Academy, Inc., dba Los Angeles Ballet Academy ("LABA") of any liability for accident or injury that may occur while my child is attending 2019 Summer Dance Intensive (the "Program"). I am solely responsible for drop-off and pick up of my child at the appropriate times. I understand and agree that I am liable for the full tuition amount indicated on any LABA materials, including any late charges, fees or interest, even in the event of the student's withdrawal or dismissal from the Program before it is complete. I understand that LABA does not offer any tuition refunds for missed classes, withdrawal or dismissal from the Program for any reason. No credit will be given for missed classes due to injury or illness. I also understand the LABA policies and rules, tuition rates and other requirements and agree to abide by such policies, rules, rates and requirements at all times during my child's participation in this Program.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

I give my child permission to participate in all classes, rehearsals and performances pertaining to the LABA Program. In case of emergency, I hereby authorize LABA, its representatives, owners, officials, agents, and employees, paramedics and/or nearest hospital emergency room to administer medical attention to the minor named in this registration. I further understand that Los Angeles Ballet Academy, and any of its representatives, members, officials, agents, and employees are not responsible or liable for injuries sustained on the premises of Los Angeles Ballet Academy studios or during any other activity or performance of Los Angeles Ballet Academy.

I certify that my child does not suffer from any allergies of which LABA needs to be aware, or that if my child does have allergies, I have informed LABA fully.

By registering for or participating in any class, rehearsal, performance or other activity related to or sponsored by LABA, (a) I/we acknowledge and assume any risks of participating in the Programs; (b) LABA, its faculty, employees, agents and volunteers and any performance space provide, shall be indemnified, defended, released and held harmless by my child and the parents/guardians for, against and/or from an expense, damage, loss, claim, injury or action arising out of or related to, caused by or suffered by my child while at LABA or participating in any the Program; (c) LABA is not responsible for any lost, misplaced, or stolen items; and (d) I/we waive all claims related to or arising out of the foregoing.

I agree to release, indemnify and hold harmless LABA, its owners, officials, agents and employees against any claims, demands, actions, complaints, suits or other forms of liability that shall arise or be caused by the further use of my child on radio, television, on the internet, in motion pictures, the print medium or in all media now known or hereafter devised.

I understand and agree that no monies or other consideration in any form, including reimbursement for any expense incurred by me or my child will become due to me, my child, our heirs, agents or assigns at any time because of my child's participation in any of the above activities.

I hereby consent to have my child/children photographed, filmed, audio taped and/or interviewed by the media and grant the rights in perpetuity from the time that he or she enters Los Angeles Ballet Academy studios for the placement/audition class and for participation in Los Angeles Ballet Academy.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian