



2021 SUMMER DANCE INTENSIVE REGISTRATION & INFORMATION July 12 – August 6, 2021

NAME		DOB	AGE	
PARENT's NAME				
ADDRESS				
CITY		STATE	ZIP	
TEL - HOME	CELL		_WORK	
EMAIL				
IN CASE OF EMERGENCY O	CONTACT		PHONE	
PEDIATRICIAN		PHONE		
I understand that no emergency t situations. Because informed con contact numbers where I may be	nsent must be given at the	time of the incide	nt, I understand that I must leav	e
Parent/Guardian's Signature_			Date	
WEEK/s ATTENDING: [] Week 1 (7/12 - 16); [] V	Neek 2 (7/19 - 23); [] Week 3 (7/26 -	30); [] Week 4 (8/2 – 8/6)	
Fee for 1 week = \$700; 2 wee	ks = \$1,400; 3 weeks =	= \$2,050; 4 weeł	ks = \$2,700	
REGISTRATION: Please regison or before May 21, 2021. F			ndable registration deposit o	f \$200 per week is due
Total Registration fee for	weeks of LABA's \$	Summer Intensiv	ve program = \$	_
[] Enclosed my non-refund	lable deposit due by I	May 21, 2021: _	weeks x \$200 = \$	
BALANCE Due by June 1	2, 2021		= \$	
[] Check (payable to Los Ang	geles Ballet Academy)	[] Visa [] M	lasterCard []AmEx []D	liscover
Card Number			Exp Date	
Name on Card		Signature		
1642 Is dancer on pointe?	22 Ventura Blvd 2B Enci	no, CA 91436-818	les Youth Ballet Theatre 3-382-2500/info@laballet.com e? MonthYear	

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

I _________ release Team Theatrics, Inc., dba Los Angeles Youth Ballet ("LAYB"), directors, faculty & staff of any liability for accident or injury that may occur while my child is attending 2021 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 LAYB 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 LAYB 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 LAYB 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 LAYB Program. In case of emergency, I hereby authorize LAYB, its representatives, owners, officials, agents, and employees, paramedics and/or nearest hospital emergency room to administer medial attention to the minor named in this registration. I further understand that Los Angeles Youth Ballet and any of its representatives, members, officials, agents, and employees are not responsible or liable for injuries sustained on the premises of Los Angeles Youth Ballet studios or during any other activity or performance of Los Angeles Youth Ballet.

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

By registering for or participating in any class, rehearsal, performance or other activity related to or sponsored by LAYB, (a) I/we acknowledge and assume any risks of participating in the Programs; (b) LAYB, 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 LAYB or participating in any the Program; (c) LAYB 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 LAYB, 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 Youth Ballet studios for the placement/audition class and for participation in Los Angeles Youth Ballet.

Signed

_____ Date_____

Parent or Guardian

Los Angeles Ballet Academy/Los Angeles Youth Ballet Theatre 16422 Ventura Blvd 2B Encino, CA 91436-818-382-2500/info@laballet.com