



Enrolled: _____
Date: _____
Program: _____
Payment: _____
Signature: _____

SUMMER 2022 CLASS/SUMMER PROGRAM ENROLLMENT FORM

ONE PER STUDENT

*Student's Full Name: _____ DOB: (month/day/year) _____ Gender: F or M

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

Address: _____

E-mail Addresses of (1) parent: _____

Emergency Contact: _____ Student's School/Daycare: _____

Describe your student's past experience with dance instruction and performances:

How did you hear about The Wilson Ballet?

Camps: 4 days a week \$200

(please "x" which camp(s) below you wish to attend)

Under the Sea Camp June 6 - 9	Alice in Wonderland Camp July 11 - 14	Prince & Princess Camp August 8 - 11

Jr. Assistant Program: \$275

Select two camps in which you agree to assist for the full duration below, with an "x"

Under the Sea Camp June 6 - 9	Alice in Wonderland Camp July 11 - 14	Prince & Princess Camp August 8 - 11

Summer Intensive: (circle placement for which your student was selected for)

Jr. \$ 300

Sr. \$400

\$250

(select which session(s) your student will be attending)

June 21 - July 4

August 1 - 5

My student, _____ will be attending the 2022 Summer Intensive Program. This will be her/his _____ attending the intensive program, and I know attendance to all the entire session is imperative for their training and learning. My student will be performing for the community following the intensive and rehearsals will be required of from my student to prepare for.



Credit Card Payment Authorization Form

Sign and complete this form to authorize Ballet in the Country, LLC (The Wilson & The Medina Ballet) to make debit to your credit card listed below. There will be a 3-4% convenience fee for cc payments. A deposit of 50% is due for camps to secure a spot. A deposit of \$200 will secure my student's attendance for summer intensives and 50% for all camps. The full balance is due the 1st of the month the intensive/jr. assistant/camp is held, space is limited.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for these transactions listed below, and does not provide authorization for any additional unrelated debits or credits to your account. There are no refunds or exchanges regardless of attendance or no attendance of the student.

Please complete the information below:

I _____ authorize Ballet in the Country (The Wilson Ballet/The Medina Ballet) to charge my credit card that is currently on file.

Deposit(s) _____ Date pd: _____ Camps: _____ Date pd: _____

Summer Intensive(s): _____

_____ (parents name) _____ (parents signature/date)

_____ (Credit card number) _____ (Expiration) _____ (CVC code) _____ (Billing zip code)

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for this use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

Release & Liability Waiver:

Please fill this form out in its entirety. An incomplete form may prevent the student from getting registered. I understand that I am responsible for the tuition for the classes for which I am registered, and that registration and tuition is non-refundable. I give permission for Ballet in the Country, LLC to take and publish photos of me or my child. I agree that I will not hold Ballet in the Country, LLC or any Ballet in the Country, LLC member or employee liable for any injury sustained or illness contracted while, I or my child, is a student. I exempt and release Ballet in the Country, LLC and its agents from any and all liability claims, demands or causes of action whatsoever from any damage, loss or injury to the student, parent, guardian, family member or personal property which may arise out of or in connection with participation in any Ballet in the Country, LLC activity by signing this form.

All classes are subject to change at any time. No refunds or exchanges.

Parent's Signature & Date: _____