



# Summer Intensive Registration & Application Form

Please complete application and return form to:

**Louisville Ballet School**  
 Attn: School Administrator  
 315 E. Main St.  
 Louisville, KY 40202-1215  
**Phone:** 502-583-3150 x 245  
**Email:** school@louisvilleballet.org

Application forms must be accompanied by a \$30 application fee. Class size is limited. The Louisville Ballet School reserves the right to close sessions when filled or to cancel sessions due to lack of enrollment. Please submit a complete application form for each student.

**Student Name** \_\_\_\_\_  Male or  Female **Date of Birth** \_\_\_/\_\_\_/\_\_\_ **Age** \_\_\_\_\_

\_\_\_\_\_  
 PARENT/GUARDIAN NAME(S) PARENT EMAIL ADDRESS STUDENT EMAIL ADDRESS

\_\_\_\_\_  
 MAILING ADDRESS CITY, STATE, ZIP

\_\_\_\_\_  
 HOME PHONE CELL PHONE WORK PHONE STUDENT CELL PHONE

\_\_\_\_\_  
 EMERGENCY CONTACT PHONE RELATION TO STUDENT

### I am applying for:

- Session 1: 2-week Program (June 19 - 30, 2017)  I need housing.  I do not need housing.
  - Session 2: 2-week Program (July 3 – July 14, 2017)  My parent or guardian is interested in being a chaperone.
  - Both Sessions: 4-week Program (June 19 – July 14, 2017)  I am interested in being a Resident Assistant (21 & over)
- (Selection of chaperones is subject to evaluation and background check. Selected chaperones and alternates will be notified.)

### Prior Training

Please provide résumé if available. Utilize the back of this form if necessary.

Current Dance School \_\_\_\_\_ How many classes/hours per week: \_\_\_\_\_  
 How long have you been dancing at current school? \_\_\_\_\_ Number of years on pointe: \_\_\_\_\_  
 Most recent Summer Program attended: \_\_\_\_\_

### Payment

Application Fee (\$30) ..... \$ \_\_\_\_\_ **PAYMENT METHOD:**  
 (Video application fee is \$35)  Cash  Check No. \_\_\_\_\_  
 Scholarship Fund Donation ..... \$ \_\_\_\_\_  MasterCard  Visa  
 Total ..... \$ \_\_\_\_\_  Discover  American Express  
 Amount Paid ..... \$ \_\_\_\_\_  Paid Online

**How did you hear about our program?**

- Pointe Magazine
- Dance Magazine
- Louisville Ballet School website
- Postcard Mailing
- Email
- Referral – School/Friend
- Other: (Please specify) \_\_\_\_\_

### Policy Agreement

**Media Release** I give my permission for photographs or video footage which includes my child or myself to be used for promotional purposes on television, newspapers, magazines or any other media.  
**Medical Release** I am aware that ballet dancing and the gymnastic exercise associated with it place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that the Kentucky Dance Council Inc., d/b/a Louisville Ballet School, and its Board of Directors, faculty, chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the Kentucky Dance Council Inc., the Louisville Ballet School activity or any of its related functions. Permission is granted for emergency medical treatment for my child / me.

Please list all relevant medical conditions that might affect your audition today

**I acknowledge that I have read, understand, and agree to comply with all above releases and all applicable policies and procedures of The Louisville Ballet School.**

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE DATE SIGNED