

MINDS IN MOTION

A PROGRAM OF RICHMOND BALLET

MINDS IN MOTION SUMMER DANCE CAMPS 2017 REGISTRATION FORM

MARY MUNFORD CAMP JUNE 19th-30th
Camp runs Monday-Friday, 9:00am – 4:00pm

Registration form and full tuition payment must be received no later than June 5th.

To register, please mail or email form with check (made payable to Richmond Ballet) or credit card information to Emily Dandridge:

Mail: Richmond Ballet, Attn. Emily Dandridge, 407 East Canal Street, Richmond, VA 23219
Email: mimsummercamp@richmondballet.com

Contact Information:

Student's Name: _____ Birth Date: ____/____/____ Age: _____ M / F
Address: _____ City, State, Zip: _____
Home Phone: _____ Academic School: _____

Parent/Guardian responsible for tuition:

Mr. /Ms./Mrs./Dr. _____
Email Address: _____
Cell Phone: _____
Employer: _____
Work Phone: _____

Parent/Guardian 2:

Mr. /Ms./Mrs./Dr. _____
Email Address: _____
Cell Phone: _____
Employer: _____
Work Phone: _____

Student Information (please check box that applies):

Rising 5th Grader

Rising 6th Grader

Participated in year-long *MIM* program?

Yes

No

If "yes", which school? _____

How did you hear about this camp? _____

Payment Information and Options:

Please read financial information below before completing. Financial aid form available online:

<http://www.richmondballet.com/minds-in-motion/summer/>

Payment Options (please check the option you're choosing):

- Option One: Full tuition: \$450 due with form (\$75 non-refundable deposit included as part of your \$450 payment)
- Option Two: Payment Plan:
 - \$75 non-refundable deposit due with registration form
 - \$125 due April 5th
 - \$125 due May 5th
 - \$125 due June 5th

Full tuition amount must be paid no later than June 5th, 2017.

Check #: _____

Credit Card #: _____ Security Code #: _____ (on back of card)

Expiration Date: ____/____/____

Signature: _____

I have read the Financial Information below highlighting registration, tuition, and payment information. I am aware of the stipulations that accompany the installment payment option, which Richmond Ballet provides as a courtesy, and I agree to pay all money due by the dates as listed above. I further understand that, except in the case of illness, injury, or family relocation, I am obligated to pay the full camp tuition.

X Signature: _____ Date: ____/____/____

Please complete the Registration Form and the attached Release of Claims Form before submitting.

Financial Information

Tuition Payment:

Upon registration, parents/legal guardians commit to pay the agreed upon full tuition.

1. In the event that a check is returned for insufficient funds, we will make a second attempt to deposit the check. Each time a check is returned for insufficient funds, a \$13.00 returned check fee will be added to the student account.
2. If payment has not been received by five days after a payment date, a \$25 late fee will be added to the total balance due.
3. If financial difficulties arise please call 804-344-0906 ext: 302 or contact Emily Dandridge at mimsummercamp@richmondballet.com, or Guinn Baker at gbaker@richmondballet.com.

Withdrawal Policy:

For withdrawals from *Minds In Motion* Summer Dance Camp 2017 on or before June 5th, a refund of the student's current balance (less the \$75 non-refundable deposit) will be issued. **Any student withdrawing after June 5th, 2017, will be held responsible for the full tuition for the *Minds In Motion* Summer Dance Camp.**

Release of Claims and Authorization

A form must be completed and on file for each camp session.

Release/authorization made on this date, _____, 2017 by (parent or guardian) _____ for (student) _____. I am aware that dancing and physical movement places stress on the body and carries with it the risk of physical injury. On behalf of my child, I assume the risk and agree that Richmond Ballet, its officers, employees, and agents, shall not be held liable for any injury or illness this child may incur not involving gross negligence of Richmond Ballet.

(CROSS OUT THE FOLLOWING SENTENCE IF YOU DO NOT AGREE TO THE AUTHORIZATION PROVIDED.)

In the event that any serious injury or illness should occur involving this child, I wish Richmond Ballet to take all appropriate steps to notify me immediately of the event, but if I am inaccessible for any reason, I authorize whatever medical attention is deemed appropriate for this child. My medical insurance carrier is:

Insurance Company

Policy Number/Group Number

I, the undersigned, have read this release/authorization and understand all of its terms. I execute it voluntarily and with knowledge of its significance. I have executed this release/authorization on the day and year stated above.

X

Signature of Parent or Guardian

Date

Medical Information:

Is the student allergic to anything (medication or other)? NO YES

If YES, please list: _____

Does the student take any medication on a regular basis? NO YES

If YES, please list: _____

Are there any medical conditions we should be aware of? NO YES

If YES, please list: _____

I give permission for *MIM* staff to administer OTC medications if needed while participating in classes (i.e Tylenol, Ibuprofen). NO YES

Primary Care Physician's Name: _____ Phone #: _____

Emergency Contacts: If you would like to provide a contact other than the student's parent/guardian, please do so below:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Photograph/Likeness Release:

I, _____, the parent/guardian of this child _____, authorize the making or use of any films or other recordings of these activities for any purpose, profit or otherwise, that Richmond Ballet and/or its representative, agent, or employee, may make or authorize to be made without compensation to me or this child.

X

Signature of Parent or Guardian

Date

To be completed by *MIM* only Confirm: _____ Phone _____ VM _____ Email _____ In Person

Rcvd: _____

QB: _____

Roster: _____

Invoiced: _____

Pmt Opt 1: \$ _____ / _____ Pmt Opt 2: Deposit \$ _____ / _____ April 5th: \$ _____ / _____ May 5th: \$ _____ / _____ June 5th: \$ _____ / _____