

# MINDS IN MOTION

A PROGRAM OF RICHMOND BALLET

## MINDS IN MOTION SUMMER DANCE CAMPS 2017 REGISTRATION FORM

**RICHMOND BALLET CAMP AUGUST 7<sup>th</sup>-18<sup>th</sup>**  
Camp runs Monday-Friday, 9:00am – 4:00pm

Registration form and full tuition payment must be received no later than July 31<sup>st</sup>.

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 5<sup>th</sup> Grader

Rising 6<sup>th</sup> 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:
  - o \$75 non-refundable deposit due with registration form
  - o \$125 due May 30<sup>th</sup>
  - o \$125 due June 30<sup>th</sup>
  - o \$125 due July 31<sup>st</sup>

**Full tuition amount must be paid no later than July 31<sup>st</sup>, 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](mailto:mimsummercamp@richmondballet.com), or Guinn Baker at [gbaker@richmondballet.com](mailto:gbaker@richmondballet.com).

### **Withdrawal Policy:**

For withdrawals from *Minds In Motion* Summer Dance Camp 2017 on or before July 31<sup>st</sup> a refund of the student's current balance (less the \$75 non-refundable deposit) will be issued. **Any student withdrawing after July 31<sup>st</sup>, 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

<b>To be completed by MIM only</b> Confirm: _____ Phone _____ VM _____ Email _____ In Person
Rcvd: _____
QB: _____
Roster: _____
Invoiced: _____
Pmt Opt 1: \$ _____ / _____    Pmt Opt 2: Deposit \$ _____ / _____    May 30 <sup>th</sup> : \$ _____ / _____    June 30 <sup>th</sup> : \$ _____ / _____    July 31 <sup>st</sup> : \$ _____ / _____