



# Budding Ballerina Boot Camp

July 16<sup>th</sup> – 20<sup>th</sup>

12:30 – 4:30 pm

Specially designed for the serious 8-14 year old up and coming dancer,

*level of training equivalent to BRT's B levels.*

*The week will conclude with a short studio performance on Friday at 4:30pm*

### Attire

*Ladies:* Any black solid leotard, pink footed tights, and pink leather or canvas ballet shoes

*Gentlemen:* White form fitting t-shirt (tucked in) with black leggings or tights, white socks, and black ballet shoes.

### Daily Class Schedule

12:30 – 1:45 pm Ballet Technique

1:50 – 2:20 pm Stretch and Strength with pre-Pointe

2:25 – 3:25 pm Variations

3:30 – 4:30 pm Jazz

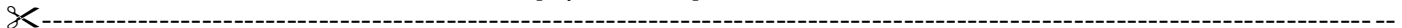
*Dancers are encouraged to bring his/her own snacks for the 5 minute break between classes.*

### **Tuition: \$240.00**

A \$50 non-refundable registration fee is due with the application and is applied towards tuition.

A 10% discount is applied toward tuition when paid in full by May 20, 2018

BRT gives every student equal opportunity and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.



### **Mail this form and your payment to:**

Ballet Repertory Theatre

6913 Natalie NE, Albuquerque, NM 87110

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Parent's Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Length of Ballet Study: \_\_\_\_\_ years School of Training: \_\_\_\_\_

### Injury / Waiver of Liability / Authorization:

I understand that participation in dance classes, rehearsals, and performances, and traveling to and from these activities, with or without supervision, may give rise to personal injury. I do hereby voluntarily participate in said activities with that knowledge, and agree to accept all risks arising therefrom. I do hereby release and hold harmless BRT from any and all actions, damages, claims, or demands that I may have against BRT, its officers, directors, members, and/or persons employed or engaged by the company from all liabilities known or unknown in the event of an accident, including but not limited to bodily injury, personal injuries, and loss or damage to property. I accept responsibility for obtaining appropriate accident, health, and hospitalization insurance to cover the student in the event of personal injury. In the event of an injury or other medical emergency, I authorize BRT to seek medical assistance and agree to be responsible for medical expenses incurred on behalf of the student.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\$50 non-refundable deposit per week is due with application to reserve your place in class.**

*Boys' tuition 1/2 off & no early payment discount*

Total Due: \$ \_\_\_\_\_ Total Enclosed: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Payment Method:  Check  Credit Card (MasterCard, Visa, Discover)

### Credit Card Information

NAME \_\_\_\_\_ CC NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_ CVC code \_\_\_\_\_

SIGNATURE \_\_\_\_\_