



# LEXINGTON SCHOOL OF BALLET

1403 Massachusetts Ave, Lexington, MA 02420 | 781-861-9349 | info@lexingtonschoolofballet.com

## 2024 Summer Intensive Program Registration

### July 8-19, 2024

#### Two-Week Program for ages 13-17 en pointe

(M-F, 9:00 am-3:00 pm)

Please complete this form and submit it with your tuition deposit. Return by regular mail or in person to Lexington School of Ballet, 1403 Massachusetts Ave, Lexington, MA 02420. *Thank you!*

Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ School Grade Fall 2024 \_\_\_\_\_

Parent \_\_\_\_\_ Phone \_\_\_\_\_

#### NEW STUDENTS ONLY

Parent / Primary Contact \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Prior Training \_\_\_\_\_

Tuition is \$1200 for the 2-Week Summer Intensive, 50% is due upon registration and the balance is due by June 1, 2023. **New students, please add \$40 annual Munroe Center Fee.** We accept cash and checks payable to Lexington School of Ballet. Refunds will be made only in the case of illness or injury with a doctor's note. **Registration Deadline: April 1, 2024.**

Please circle student's t-shirt size:    Adult   S   M   L

**NEW STUDENTS MUST COMPLETE SIDE TWO >>**

**LEXINGTON SCHOOL OF BALLET, INC.  
PARTICIPANT RELEASE & WAIVER OF LIABILITY**

**PLEASE CAREFULLY READ AND SIGN BELOW. REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED PRIOR TO YOUR FIRST CLASS.**

**Waiver and Release:**

I understand that the Lexington School of Ballet, Inc. is accepting me as a student. I realize that there are certain dangers and risks of physical injury associated with, arising out of, and inherent to the art of dancing and activities related thereto. I certify that I am in proper physical condition to take part in dance classes and other activities related thereto.

By signing this Participant Release & Waiver of Liability, I voluntarily release Lexington School of Ballet, Inc. and its directors, officers, owners, instructors, employees, volunteers, associates, and agents (collectively "LSB") from any liability or claim that I or my representatives may have against LSB with respect to any bodily injury, personal injury, illness, death, or property loss or damage that may result from my participation at LSB. I agree to protect, indemnify, defend, and hold LSB harmless from and against any claim for liabilities, losses, costs, expenses (including reasonable attorneys' fees), damages, or injuries arising out of or in any way relating to my participation in dance classes, camps, intensives, workshops, performances, troupes, the use of LSB equipment or facilities, and any other activities associated with LSB.

**Photography/Video Release:**

I understand that LSB may take photographs and video recordings of me during my participation in LSB dance classes, camps, intensives, workshops, performances, troupes, and other activities. I convey to LSB full rights and interest in these photographs and recordings. I understand such photographs or video recordings may be used for the purposes of class photos, performance photos/videos, brochures, marketing materials or other published materials, physical or virtual.

**Miscellaneous:**

LSB is planning to have its full schedule of classes in its studios during the 2024 Summer Programs; however, the safety of our students, faculty and staff remain our top priority. In recognition of this, I hereby acknowledge and understand that LSB may hold classes online rather than in person, as determined by LSB in its sole discretion, as a result of any public health restrictions, social distancing guidelines, or other recommendations issued by the Munroe Center for the Arts, the Town of Lexington, the Commonwealth of Massachusetts, or any other governmental entity as a result of COVID-19 or other similar epidemic, pandemic or viral outbreak. In the event online classes are necessitated, the timing, schedule and frequency of classes may be subject to change. I hereby waive any right or claim for a refund of any deposit or tuition paid to LSB in the event classes are moved to an online format in lieu of in-person classes held at LSB's studios.

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**IF THE STUDENT IS A MINOR, I CERTIFY THAT I HAVE FULL LEGAL AUTHORITY TO SIGN THIS PARTICIPANT RELEASE & WAIVER OF LIABILITY ON THEIR BEHALF. I HAVE READ, UNDERSTOOD, AND AGREE TO BE BOUND BY THE ABOVE STATEMENTS:**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(Print)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Student is 18 or older)

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Student is under 18)

Parent/Legal Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Print)