

Del Mar Ballet SUMMER ENROLLMENT FORM

11211 Sorrento Valley Rd, Ste T, San Diego, CA 92121 858-320-0033 www.delmarballet.com

Student _____ Birthday _____

Parent/Guardian _____

Street Address _____

City, State, Zip _____

Phone Number _____ Cell Phone _____

Email _____

Please indicate below which camp you are signing up for.

Summer Dance Camp	Jun 27 – Jul 1	5–8 year olds	_____
	July 5- 8	9-12 year olds	_____
	July 11- 15	5–8 year olds	_____
	July 18 - 22	9-12 year olds	_____

Summer Ballet Intensive	Aug 1-Aug 19	_____ All 3 weeks \$1000					
		_____ 2 weeks only \$750	Circle which week	1	2	3	4
		_____ 1 week only \$400	Circle which week	1	2	3	4

Name on card _____

Credit Card # _____ Exp Date _____

Billing Address _____

City, State, Zip _____ VIN # _____

Signature _____ Date _____

Are there any health issues that Del Mar Ballet should know about your child? _____

How did you hear about us? _____

Del Mar Ballet is not responsible for your child before or after class, or off our premises. Please escort your child to and from class. Del Mar Ballet is not responsible for any injury incurred during class or rehearsal. However, the health of our students, both mental and physical is of utmost importance to us and every measure will be taken to insure that your child is provided the environment for a safe learning experience.

I have read the above and assume all responsibility for the above.

Signature of Parent of Guardian _____ Date _____