



Danceartists Ballet Academy Three Week Summer Intensive

July 28 - August 15



52 S. Quinsigamond Ave.
Shrewsbury MA 01545

info@danceartistsballetacademy.com 1-508-925-4112

Register before May 31st for Early Bird Rates

Pre-Professional Summer Intensive

\$1500 July 28 to August 15
\$1300 12pm - 5pm Age 11+
Early Registration Monday thru Friday

>>Friday August 15 Invite a Friend day<<

Junior Summer Intensive

\$925 July 28 to August 15
\$800 9:30am - 1pm Age 7 to 10
Early Registration Monday thru Friday

>>Friday August 15 Invite a Friend day<<

Little Ballerina Summer Intensive

\$90 August 2, 9, 16
10am to 11:30am Age 4 to 6
Saturday

\$20/hr Daycare*
July 28 to August 15 1pm -
5pm Age 7 to 10
Monday thru Friday

Specialist Private Coaching Summer Intensive*

Available only to students enrolled in the full Summer Intensive Program

\$90/hr July 28 to August 15 Age 8+
Monday thru Friday
Limited availability

*Joanna Duncan, Françoise Voranger, Nikki Ortiz
Shane Wuerthner Athletistry*, Medhi Angot Coaching**

*Private coaching and daycare contact office for scheduling.

Circle Desired Summer Intensive

Pre-Professional Junior Little Ballerina Private Coaching* Daycare*

.....Registration Form Please return with payment.....

Parent
Name

Student
Name DOB

Address

Email

Phone

Parent if under 18
Signature

Please note all payments are non refundable and non transferable

Payment
\$..... Date

DanceArtists Ballet Academy Contact Form

Student Name _____
Last First

Address _____

City _____ State: _____ Zip: _____

Date of Birth _____ Gender Male ____ Female ____ Other ____

PARENT Information

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____

Email _____

Emergency Contact Name _____

Emergency Contact Phone _____

DanceArtists Ballet Academy

Medical Form

Confidential information to help us help your child in case of any medical emergency

Student Name _____

Does your child have any allergies? Yes No

If yes, please describe

Does your child have an EpiPen?	Yes	No
Does your child have asthma?	Yes	No
If yes, do they take asthma medication?	Yes	No
Do they bring their asthma medication with them to class?	Yes	No

Please state any existing medical conditions/injuries:

Physician Name & Phone Number

In case of medical emergency and in my absence, I give my permission for DanceArtists staff to act on my behalf to obtain medical treatment for my child.

Signature _____

Date _____

DanceArtists Ballet Academy Liability Waiver and Acknowledgment of Risk

REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE

I/we _____ (print names) understand and agree that in participating in any dance movement class, workshops, rehearsal or performance, in person or online class there is a possibility of physical injury or death. I hereby certify that I have been advised to consult with a physician before participating in any such program, and I further certify that I know of no medical problems that would increase my child's risk of illness or injury as a result of participation in programs offered by DanceArtists Ballet Academy. I understand that it is my responsibility to inform the manager or designated staff member of any changes in my child's medical condition. Upon notification to the manager or designated staff member of a change in my child's medical condition, the staff will determine whether or not a change in my or my child's program is warranted. I further understand that it is my responsibility to report immediately to staff members any signs or symptoms of discomfort and/or distress during or following a class. Only students and staff are allowed in the dressing room.

I voluntarily agree, and therefore, assume all risks and responsibility for any such injury or accident or illness which might occur to me or my child _____ (print name) during any of DanceArtists Ballet Academy/DanceArtists Management studio classes, online classes, rehearsals, performances, or activities. I also exempt, release, and indemnify DanceArtists Ballet Academy/DanceArtists Management, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by DanceArtists Ballet Academy, DanceArtists Management and its faculty. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold DanceArtists Management, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my child/children, I certify that I am the parent or legal guardian of _____ and have the authority to waive these rights.

Permission is granted to DanceArtists Ballet Academy/DanceArtists Management to use dance photographs of _____ (print student's name) for publicity purposes.

The signing of this form constitutes a contract for lesson tuition and associated costs for Danceartists Summer Intensive from July 28, 2025 to August 15, 2025. I/We have read completely, understand fully, and agree to abide by DanceArtists Ballet Academy Code of Conduct. I have read, understand, and agree to be bound by the above. I understand that DanceArtists Ballet Academy reserves the right to refuse service.

Print Name: _____

Signature: _____ Date _____