



Mailing Address:
P.O. Box 99072
San Diego, CA 92169

Telephone:
858-274-6058

Studio Address:
941 Garnet Avenue
San Diego, CA 92109

Box Office Telephone:
858-272-8663

Website:
www.cityballet.org
email: info@cityballet.org
Fax:
858-272-8375

2018 Adult Intensive Program ~ August 14 - 30
Registration Form

Name _____ Date _____
(Last) (First)

Address _____ City _____ Zip _____

Phone (Home) _____ (Cell) _____

E-Mail _____

Person to call in case of emergency _____ Phone _____

Tuition:

Beginning Level ~ \$500 _____
Minimum one year of training required

Intermediate/Advanced Level ~ \$600 _____

10% Discount if paid by June 30 - _____

TOTAL PAID \$ _____

Payment enclosed: Check _____ Credit Card _____ Cash _____

Credit Card # _____ - _____ - _____ Exp. Date _____

Signature for credit card payment _____

**Completed registration form may be faxed to 858-272-8375 or email to: info@cityballet.org
or mailed to: City Ballet, PO Box 99072, San Diego, CA 92169**

WAIVER AND RELEASE: I, _____, wish to attend the City Ballet School. I give my permission for the City Ballet staff to call a doctor in the event of an emergency and I will assume all financial costs incurred. I recognize the risks of illness and injury inherent with any dance exercise program and I wish to participate in City Ballet School's program upon the express agreement and understanding that I am waiving and releasing the School and/or staff from any and all claims, costs, liabilities, expenses, judgments, including attorney's fees and court costs (herein collectively "claims") arising out of my participation in any event or program given or sponsored by the School and any illness or injury resulting therefrom. I hereby further agree to indemnify and hold harmless the School from and against any and all such claims except claims proximately caused by the gross negligence or willful misconduct of the School.

Signature _____ Date _____