

**Wilmington School of Ballet  
Adult/Teen Class Card**

**Registration Form 2011-2012**

Parent Guardian Information (for 18 yrs or younger):

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City St Zip: \_\_\_\_\_  
Home Phn: \_\_\_\_\_  
Cell Phn: \_\_\_\_\_  
Email: \_\_\_\_\_

Names \_\_\_\_\_  
Address: \_\_\_\_\_  
City St Zip: \_\_\_\_\_  
Home Phn: \_\_\_\_\_  
Cell Phn: \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency Contact (18 yrs or younger we need someone other than a parent)

Name: \_\_\_\_\_  
Home Phn: \_\_\_\_\_  
Cell Phn: \_\_\_\_\_

Please check the classes that you are interested in:

**Adult Beginner Ballet**

\_\_\_ Wednesday 6:00-7:00 pm \$5.00 per Class \$25.00 for 6 classes

**Adult Advanced Ballet (18 yrs or old only)**

Cards are good for 90 days

\_\_\_ Monday 5:30-7:00 pm \$18.00 per Class \$140 for 10 classes

\_\_\_ Thursday 5:30-7:00 pm \$18.00 per Class \$140 for 10 classes

\*Not valid for pointe classes

**High School Advanced Ballet (18 or younger)**

\_\_\_ Monday 5:30-7:00 pm \$20.00 per Class \$180 for 10 classes

\_\_\_ Thursday 5:30-7:00 pm \$20.00 per Class \$180 for 10 classes

\*Not valid for pointe classes

**Adult/ Teen Intermediate/Advanced Tap**

\_\_\_ Monday 6:30-7:30pm \$10.00 per Class \$48 for 6 classes

**Adult/ Teen Modern Jazz**

\_\_\_ Wednesday 6:30-8:00pm \$8.00 per Class \$30 for 6 classes

**All Levels/Ages Stretch & Strength**

\_\_\_ Saturday 10:30-11:30 pm \$18.00 per Class \$140 for 10 classes

Please read and sign:

I understand that I am responsible for payment of the full amount of the classes checked above.. This amount is to be paid upon registration. I understand that payments WILL NOT be refunded if I decide not to participate. I give the Wilmington School of Ballet and Creative Arts Center, and/or its employee's permission to seek medical treatment for my child/myself in case of an life threatening emergency. I the, Student/Parent agrees to allow WSB to charge my credit card on this account for full amount of registration. I take full liability of myself/my child and agree to hold the WSB/ACAC blameless of any injury by my/my child's participation with WSB/ACAC.

Sign \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Phone Registration: Please follow directions below:

\* Disclaimer was read to Student/Parent \_\_\_\_\_ (Initial) Date: \_\_\_\_\_

\* Phone registrations must be paid in full.