



Maple Conservatory of Dance / Official School of the Maple Youth Ballet

Advanced 1 Week Intensive Application Form

Charles Maple, Artistic Director
Kathy Crade, Administrative Director

Student Name _____ M F

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Ages 15 to 23 _____ Date of Birth _____ Years of Training _____ Points _____
Minimum 7 Yrs (3 Yrs)

Please submit a photo in 1st arabesque. (Females on Pointe)

Present Ballet School & Instructors _____

Previous Ballet Summer Programs _____

Parent/Guardian Name _____

Address if different from above _____

Guardian's Work phone _____ Cell phone _____

Guardian Email _____

Emergency Contact Name and Phone (other than parents) _____

In order to apply to the advance 1 week intensive program, please send your full or partial payment by **May 20, 2010**. We recommend early application, as spaces are not guaranteed once the program has reached capacity. Students whose applications are not accepted shall receive their payment back uncashed if by check.

Tuition Payment Amount: \$ _____ **50% Deposit (Due by May 20th) \$200**
 \$ _____ **Full Payment (10% discount if received by May 20th) \$360**
 \$ _____ **Balance (Due by June 15th) \$200**

*Space in our summer programs are filled on a first-come, first-serve basis and dancers must secure their space by submitting a tuition deposit of one-half of the total tuition amount. The deadline to sign up for the advanced 1 week intensive is **May 20th**. The balance of tuition amount is due by **June 15th**.*

Payment Method

Tuition check enclosed payable to Maple Conservatory of Dance Ck # _____

Charge my credit card: VISA MASTERCARD

There are no make up classes for classes missed during this summer intensive. If you must cancel for any reason prior to June 15th, you must submit this in writing. A partial refund will be given minus an administration fee of \$100. After June 15th no refunds will be issued.

CARD NUMBER _____ SEC. CODE _____
 EXPIRATION DATE _____
 NAME AS IT APPEARS ON CARD (Print Please) _____
 SIGNATURE _____
 NAME AS IT APPEARS ON CARD (Print Please) _____

Please mail this form with your payment and other packet materials to:

Marci Tuttle Summer Intensive Registrar
Maple Conservatory of Dance, 1824 Kaiser Ave., Irvine, CA 92614

Please mail this form with your payment and other packet materials to:

Maple Conservatory of Dance / Official School of the Maple Youth Ballet

Charles Maple, Artistic Director

Kathy Crade, Administrative Director

STATEMENTS OF UNDERSTANDING AND INDEMNIFICATION

I am the parent or guardian of, or an adult _____

(herein collectively called "Student"), who desires to attend classes at Maple Conservatory of Dance (herein collectively called "the Conservatory").

The Conservatory provides dance training and dance related educational activities. I understand that there is some risk of injury inherent in the dance training and educational activities provided by the Conservatory and that the Conservatory shall not be responsible for injuries or damages suffered by the Student, caused or alleged to be caused by the negligence of the Maple Conservatory of Dance

Further, I understand and accept that in order to be taught effectively, the Student's dance training may involve the use of touch by the Maple Conservatory of Dance faculty members as a necessary tool for correct placement, lines and positions.

The Maple Conservatory of Dance is a professional training facility, focused on developing fine classical dancers. In such an environment, the Student is expected to maintain acceptable behavior within the classroom, corridors, and dressing rooms of the Conservatory. I understand and accept that all students must adhere to the standards of behavior set forth by the Conservatory faculty and direction.

I also agree to hold Maple Conservatory of Dance harmless from any and all claims, costs, liabilities, expenses, or judgments, including attorney fees and courts costs (herein collectively called "claims") arising out of the Student's participation in Maple Conservatory of Dance programs, for any illness or injury resulting there from. I hereby further agree to indemnify and hold harmless the Conservatory staff, faculty, and all officers from the Maple Conservatory of Dance.

I, the parent or legal guardian of, or an adult student _____ have read,

understood and agreed to the above statements. I hereby give my permission for my son/daughter (if applicable) to attend the Maple Conservatory of Dance and participate in all activities included.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

SIGNATURE OF ADULT STUDENT

DATE _____

DATE _____