

Registration Form

Student Information

Dancer's Name _____
Date of Birth _____
Address _____
City _____ State _____ Zip _____
Cell phone _____
Email address _____

Parent/Guardian Information

Parent/Legal Guardian's Name _____
Relationship to dancer _____
Address _____
City _____ State _____ Zip _____
Email address _____
Phones _____
Home _____ Work _____ Cell _____

Parent/Legal Guardian's Name _____
Relationship to dancer _____
Address _____
City _____ State _____ Zip _____
Email address _____
Phones _____
Home _____ Work _____ Cell _____

Contact Preferences

Preferred email for announcements _____

Preferred contact person for student issues _____

May we leave a message (check all that apply)

- email home voicemail work voicemail cell voicemail with someone at your home

To receive text messages regarding important or emergency school updates, check all numbers that should receive the text message updates:

- Mother's Cell Father's Cell Student's Cell

Swarthmore Ballet Theatre
School Year Program

2023 – 2024 Session

Classes and Tuition

Pre-Ballet Program — ages 3-7 (dancer's age on 9/1/23)

<input checked="" type="checkbox"/> Check your selection	10-week Tuition (x 3 Payments)	30-week Tuition (<i>Best Savings</i>)
<input type="checkbox"/> Creative Age 3	\$150	420
<input type="checkbox"/> Creative Age 4	150	420
<input type="checkbox"/> Creative Age 5	150	420
<input type="checkbox"/> Pre-Ballet Age 6	150	420
<input type="checkbox"/> Pre-Ballet Age 7	159	420

Classical Ballet Program

<input checked="" type="checkbox"/> Check your selection	Hours per Week	10-week Tuition (x 3 Payments)	30-week Tuition (<i>Best Savings</i>)
<input type="checkbox"/> Ballet Level I/II	2 hours	\$300	825
<input type="checkbox"/> Ballet Level III	3 hours	438	1,215
<input type="checkbox"/> Ballet Level III/IV	4.5 hours	639	1,755
<input type="checkbox"/> Ballet Level IV	6 hours	828	2,250
<input type="checkbox"/> Ballet Level V	4.5 hours	639	1,755
<input type="checkbox"/> Ballet Level VI	6 hours	828	2,250
<input type="checkbox"/> Ballet Level VII	7.5 hours	999	2,750
<input type="checkbox"/> Ballet Level VIII	9 hours	1,165	3,210
<input type="checkbox"/> Choreography	1 hour	150 *	420 *
<input type="checkbox"/> Stretch & Strengthening	1 hour	150	420
<input type="checkbox"/> Partnering class **	½ hour	150	420

* Choreography is free to students taking 6 or more hours of ballet classes a week at SBT

** Partnering class is by invitation only

Classical Ballet Classes for Adults

<input checked="" type="checkbox"/> Check your selection	Hrs/Wk	10-week Tuition (x 3 Payments)	30-week Tuition (<i>Best Savings</i>)
<input type="checkbox"/> Adult Ballet – Mon Morning	1 hour	\$150	420
<input type="checkbox"/> Adult Ballet – Tues Evening	1 hour	150	420
<input type="checkbox"/> 2 Adult Ballet classes/week	2 hours	300	825

Tuition	
Family discount 5%	
Total paid with registration	

tuition discount to 2 or more students in one family

Checks and money orders should be made payable to 'Swarthmore Ballet Theatre'. Cash is also accepted. Payments are due at registration. The second and third payments for the 1/3 Tuition Payment Plan are due by 11/16/23 and 2/19/24. Tuition is refundable (less \$50) only when Director is informed after first class and before second class.

Emergency Contact (Adult other than parent)

Emergency Contact's Name

Phone(s)

Relationship to dancer

Medical Release and Authorization

Known medical conditions

Physician's Name

Phone

Medical Insurance

Company Name

Phone

Policy Identification Number

Group Number

Subscriber's Name

Relationship to dancer

I am aware of the risk of physical injuries associated with dance, including the stresses on the body associated with repetitive exercise and movement. On behalf of the enrolled dancer, I assume these risks, and shall not hold the Swarthmore Ballet Theatre, its faculty or agents liable in any way for any injuries sustained while attending class or a school sponsored activity or performance from September 7, 2023 through May 3, 2024.

I also assume responsibility for the dancer's health during the course of this program. I will not allow the dancer to begin the program with a known injury, and I will notify the Director if the dancer's health status changes. I also assume responsibility for providing the dancer with healthy nutritional choices, to ensure she or he maintains proper energy levels for the physical demands of the program.

I will inform SBT of any relevant medical conditions, including known allergies and other physical limitations which might affect the dancer's safety or achievement. I have noted any medical conditions, allergies or limitations on the registration form. I also give my permission for the dancer to be treated for emergency medical care, if warranted. Every attempt will be made by the school to contact me regarding any such care.

You give Swarthmore Ballet Theatre Inc. and The Lori Ardis Ballet Company the right to use any photos or videos for promotion of the companies (newspapers, flyers, website, etc.). They will not be used for any other purpose.

Date

Signature (of parent/guardian if student is under 18 years of age) *

* No signature is required when you submit the registration form on the SBT website and check the checkbox to agree to the Swarthmore Ballet Theatre Medical Release and Authorization.