

Hartfel Ballet Summer Program

REGISTRATION FORM

(Please Print)

Student Name: _____

Parent/Legal Guardian Name(s): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: (____) _____ - _____

Alt. Phone: (____) _____ - _____ Birth date: _____

E-Mail: _____

Check this box if you do not wish to receive emails from The Hartfel Ballet.

Parent/Legal Guardian/Emergency Contact: _____

Emergency Phone: Day (____) _____ Evening (____) _____

Are there any allergies or physical/psychological conditions we should know about? If so please describe:

Check Ballet Level: [] Beginner (<3 years) [] Intermediate [] Advanced

Dance Experience: _____

How or where did you hear of this program? _____

STUDENT AND/OR PARENT/GUARDIAN AGREE TO THE FOLLOWING:

The Hartfel Foundation, dba Hartfel Ballet, dba The Box Dance Studio, and its employees are not liable for injuries sustained or illnesses contracted by the student while attending the school.

In the event that The Hartfel Ballet has the student's participation recorded on film or videotape or photographed for presentation on television, in printed material, or elsewhere, I hereby expressly consent to the use by The Hartfel Ballet and its affiliates without limit to the time or number of repeat showings or usages of any part of or all programs in which the student participated.

Please check this box if you do **not** want to receive mailings from the Hartfel Foundation (including The Box Dance Studio and The Hartfel Ballet). Your information, including email address, will never be sold or shared to outside parties. Check this box to Opt-Out.

STUDENT'S SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

Please mail this form with your \$50 deposit to our mailing address by **June 15th, 2008:**

The Hartfel Ballet, 16458 Bolsa Chica St, Box #162, Huntington Beach, CA 92649

www.hartfel.org • (714) 925-9806 • info@hartfel.org

Harffel Ballet Summer Intensive

What To Bring and Wear

The following is a short list of items you will need and may want to bring with you to the intensive. If you have any questions please contact us at (714) 925-9806.

Ballet –4 to 5 days/week

Pink Tights

Leotard

Canvas Ballet Slippers – leather okay.

Hair secured up and back.

Cradle Method – Body Awareness - 4 days/week

Socks – sport style

Comfortable dance/yoga attire or leotard and tights(black or pink).

Full/Queen size blanket or comforter – Used or inexpensive recommended.

Full size pillow with pillowcase.

Other Items Needed

Journal/Notebook

Pens

Water

Snacks for afternoon break

Bag lunch or money to buy lunch

Light sweatshirt for bon-fire night.

Work-out clothes for beach workout

Pilates/Yoga

Comfortable dance/yoga attire.

Pilates mat – *optional*

Jazz/Modern

Black tights or other fitted dance pants.

Leotard

Socks – bare feet okay. Jazz shoes (*optional*).