



Artistic Director: Andrea Paris
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2010 SUMMER DANCE INTENSIVE
REGISTRATION & INFORMATION July 19 - August 13, 2010

CHILD'S NAME: _____ DOB: _____

PARENT(S) NAME: _____

ADDRESS: _____ CITY: _____

ZIP CODE: _____ HOME PHONE: _____

WORK PHONE: _____ OTHER: _____

E-MAIL: _____

IN CASE OF EMERGENCY:

CONTACT: _____ PHONE: _____

PEDIATRICIAN: _____ PHONE: _____

I understand that no emergency treatment will be given without parental consent except in life threatening situations. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I may be reached daily if the numbers above do not apply.

Parents Signature: _____ Date: _____

Does your child have any medical conditions or allergies that we should know about?

Does your child have any physical limitations that we should know about?

Other person or persons your child may leave with: _____

Person or persons your child may NOT leave with: _____

Week(s) attending: Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____

Do you require housing? yes no

I _____ release Andrea Paris-Gutierrez and Los Angeles Ballet Academy of any liability for accident or injury that may occur while my child is attending dance camp. I am responsible for drop off and pick up of my child at the appropriate times and am invited to watch class at any time.

Signed: _____ Date: _____

Parent or Guardian

***** 8th Grade or 13 & older only

I _____ Give my permission for my child to leave the premises on his/her own accord to secure lunch or other snacks from nearby vendors only when accompanied by at least one other person.

Signed: _____ Date: _____

Parent or Guardian

Dance Education for Children, Classical Ballet, Jazz, Tap, Preschool Dance & Performance