



@Buckman Performing Arts Center

Summer workshop for students ages 4-6 and 7-9 yrs

“Ballerina and the American Girl Doll”

June 24-28, Monday- Friday 9:00-12:00pm

Registration Form

Student’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email : \_\_\_\_\_

How did you hear about RYB? \_\_\_\_\_

Has your child danced before? Where? \_\_\_\_\_

Please list student’s medical conditions/allergies teachers need to be aware of:

\_\_\_\_\_

Tuition : \$250.00

Payment (check one): Cash \_\_\_\_\_ Checks payable to Roudnev Youth Ballet \_\_\_\_\_ Mastercard/Visa \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp date: \_\_\_\_\_ CVV: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Signature: \_\_\_\_\_

School Refund policy: 75% refund is given if a student withdraws within 24 hours prior to a second class. No refunds will be given after this time except in the case of a physician verified illness. There is no prorating and no makeup classes. Tuition is not transferable to another session. Students cannot attend class until full payment is made. There is a \$30 fee for canceled checks. Roudnev Youth Ballet reserves the right to cancel classes/workshops due to inclement weather conditions or teacher illness. In the event of a weather condition, call the RYB please check email or RYB parent FB page.

The undersigned expressly consents to acceptance of all responsibility for any injuries that might occur. I hereby waive any claim of liability on behalf of Roudnev Youth Ballet, Buckman Center, St. Mary’s School or it’s personnel or officers for any injuries or for efforts to obtain treatment for my child in event that my representative or I cannot be reached. I give permission to Roudnev Youth Ballet to photograph my child and use the photos for marketing purposes, including brochures, advertisements, website and articles. I understand all information stated above. I have read and understand all tuition information and rules.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this registration form and payment to : 4728 Spottswood Ave. #250 Memphis TN 38117
Have a Q ? Ph 901-310-2736