



**BALLET AUSTIN ACADEMY**

## ***Dance Discoveries 2009***

**Half day one-week morning camp for children ages 5 to 10**

***Ballet Austin Academy's Dance Discoveries Camp is designed by Toni Bravo to let young children experience dance and related art forms on many levels. Each week the dancers will explore different dance styles within the context of that week's theme.***

### **Session 1**

#### ***Peter and the Wolf***

**August 3-7**

**8:30 am – 12:00 noon**

*Each character in Peter and the Wolf is depicted by a particular instrument and a musical theme. With Prokofiev's enchanting score as a backdrop, this camp will use movement, props and other stage techniques to tell this timeless fable.*

### **Session 2**

#### ***Ballet Fairies***

**August 10-14**

**8:30 am – 12:00 noon**

*Many of ballet's favorite story ballets take place in a world where fairies abound. Learn all about the different stories and characters that inhabit many of ballet's favorite classics. From Cinderella to Giselle, Sleeping Beauty to A Midsummer Night's Dream, campers will get a chance to learn some of the steps and other elements that go into creating these magical characters on stage.*

Each week concludes with an informal mini-performance for family and friends in Ballet Austin's AustinVentures StudioTheater.

The mini-performances will be at 11:30 am June 12 for the morning session and 3:30 pm for the afternoon session.

For more information call 512.476.9051 ext. 126





# BALLET AUSTIN ACADEMY

## Dance Discoveries 2009

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

**Session 1- Dance Discoveries August 3-7 – Peter and the Wolf**

**Session 2 - Dance Discoveries August 10-14 – Ballet Fairies**

**Both Sessions - August 3-7 and August 10-14**

Please check the session(s) you would like to attend. You will be notified if the session you have requested is full. You will receive a confirmation of enrolment and payment in the mail.

Billing Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Phone: ( ) \_\_\_\_\_ Billing Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Address (If different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Phone: ( ) \_\_\_\_\_ Sex: **M** \_\_\_\_\_ **F** \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: ( ) \_\_\_\_\_

### **Tuition in full must be received with registration.**

**All tuition prices include a \$50.00 non-refundable registration fee.**

**There will be no refunds after July 31, 2009.**

\$220.00\* per child - Tuition for one morning session

\$400.00\* per child - Tuition for both sessions

**TOTAL PAYMENT:** \_\_\_\_\_

Ballet Austin Student

New Student

**How did you hear about Ballet Austin?**

Payment: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit/Debit Card \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

AMEX #

DSCVR #

MC # VISA #

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**Liability Waiver/Photo Release  
Dance Discoveries 2009**

Please read carefully before signing. This is a release of liability and waiver of certain legal rights. I \_\_\_\_\_ the enrolled participant and/or the parent/guardian of the participant agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Ballet Austin Academy and hereby agrees to indemnify and hold harmless Ballet Austin, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of the Ballet Austin Academy. The participant also agrees to indemnify Ballet Austin for any damages incurred arising from any claims, demand, action or course of action by the participant.

The participant authorizes any representative of Ballet Austin to have the participant treated in any medical emergency during their participation in activities of the Ballet Austin Academy. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

Any special medical/health problems of which the staff should be aware are attached to this form.

We (I), \_\_\_\_\_, the parent(s)/legal guardian(s) authorize Ballet Austin, Inc. and/or its representative, agent, or employee to use any photograph / likeness of my minor child, \_\_\_\_\_, age \_\_\_\_\_, for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the Academy Directors.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY/PHOTO RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE. ADDITIONALLY, I HAVE READ AND AGREE TO ABIDE BY ALL ENCLOSED POLICIES AND PROCEDURES.**

\_\_\_\_\_  
Student's name (please print)

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Mail Registration and Liability to:**

Ballet Austin Academy  
501 West 3<sup>rd</sup> Street  
Austin, Texas 78701  
Vicki.parsons@balletaustin.org  
FAX: 512 472-3073