

Virginia School of the Arts Community Dance Program Fall 2009 Registration

2240 Rivermont Avenue, Lynchburg, VA 24503 • WWW.VSAART.COM • Phone (434) 847-8688, Fax (434) 847-4380

STUDENT INFORMATION

Name _____
Last First Middle Preferred

Home Address _____
Street City State Zip

Home Phone: _____

Current School Grade _____ Current Age _____ Date of Birth _____ Gender _____

PARENT/GUARDIAN INFORMATION

Name _____

Email Address _____

Address (if different) _____

Work Phone: _____ Cell Phone _____

Please list any pre-existing medical conditions (asthma, diabetes, etc)

I acknowledge that my child is physically fit and able to participate in the VSA Community Dance Program. I agree that I will not hold Virginia School of the Arts or any faculty member or employee of VSA liable for injuries sustained or illness contracted at Virginia School of the Arts. I agree to indemnify VSA and its employees for all liabilities, costs, and judgments arising from acts of omission of the undersigned, which result in injury or damage to any person or party. I understand that in the case of severe medical illness or injury, in order for a prorated refund to be considered by the Executive Committee, a written request must be sent within 30 days of departure and must be accompanied by full medical documentation. I further agree that I will not hold VSA responsible for the loss or damage of personal property during my enrollment at VSA. I understand that VSA reserves full ownership and rights to any and all photographs or video taken of my child by or on behalf of VSA while he/she is enrolled at VSA. I have read this application and, to the best of my knowledge, the responses are correct.

Signature of Parent/Guardian Date

Person responsible for financial obligations to the Virginia School of the Arts

Name and Signature Relationship to Student

Please complete requested classes on reverse side.

**Fall Session
August 31, 2009 – November 23, 2009**

Please check the class this student will be taking. 50% of the tuition is due with Registration. Balance due Oct. 9th.

Creative Movement (Ages 3 - 5)	Session Cost	Location
_____ Wednesday 10:45am – 11:30am	\$120	Studio B
_____ Saturday 11:15am – 12:00pm	\$120	Studio B
 Pre-Ballet (Ages 5 - 7)		
_____ Saturday 10:00 – 11:00am	\$120	Studio B
 Beginning Ballet I (Ages 7 and up)		
_____ Tues. & Thurs. 4:45 – 5:45pm	\$250	Penthouse
 Ballet II (2 years experience preferred)		
_____ Tues. & Thurs. 5:45 – 7:00pm	\$300	Penthouse
 Ballet III with Pre-Pointe (must have solid background and vocabulary)		
_____ Monday & Wednesday 4:30 – 6:00pm	\$400	Penthouse
 Ballet IV (Completion of Pre-Pointe and approval from Instructor)		
_____ Monday, Wednesday, & Thursday 4:00 – 5:30pm	\$550	Studio A
 Adult Ballet/Jazzercise/Fitness		
_____ Wednesday 9:30am – 10:30am	\$135	DMFS

Schedules subject to change.

Sub Total	
Amount Paid	
Total Due by Oct 9th	

Date Paid _____ cash _____ check # _____