

# Gym Flips Tumbling



## REGISTRATION FORM

### Children's Ballet Theater Preballet/jazz/tap



Please return your form to Susan Hedgepeth, Director of Fitness at the Racquet Club. or mail to Children's Ballet Theater 4745 Poplar Ave. Suite 212, Memphis TN 38117

Please circle the classes of your choice.

**Fall Session-** 15 weeks September 8, 2010 - January 15, 2011  
**Dates closed:** Oct 6-11, Nov 23-27, Dec 20-Jan 2.

- 3-5yrs Gym Flips Tumbling Tues 3:30-4:30pm Fee \$210
- 5-7yrs Gym Flips Tumbling Tues 4:30-5:30pm Fee \$235
- 3-5yrs Preballet/jazz/tap Wed 3:30-4:30pm Fee \$210
- 5-7yrs Preballet/jazz/tap Wed 4:30-5:30pm Fee \$235

*PRINT CLEARLY*

Student Name \_\_\_\_\_ Child Age by Sept. 2010 \_\_\_\_\_ Birth date \_\_\_\_\_  
 Parent Name \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Student Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Your Email for important announcements (**print clear**) \_\_\_\_\_  
 Method of Payment: Cash \_\_\_\_\_ Checks payable to Children's Ballet \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Amount Paid \_\_\_\_\_ **Authorized 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 pro-rating 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 cancelled checks. Children's Ballet reserves the right to cancel classes due to inclement weather conditions or teacher illness. In the event of a weather condition, call the CB office one hour prior to your class time at 921-0388 for a recorded message. There are no makeup classes for weather conditions.

I have read and understand all tuition information and rules. I hereby waive any claim of liability on behalf of Children's Ballet Theater or Racquet Club, Buckman Center, or 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 Children's Ballet to photograph my child and use the photos for marketing purposes, including brochures, advertisements, ballet website and news articles. I understand all information stated above.

**Signature Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Children's Ballet Theater**  
**Buckman Performing Arts Center**  
[www.BalletChildren.com](http://www.BalletChildren.com) email [info@balletchildren.com](mailto:info@balletchildren.com) tel. 921.0388