

# EASTERN CONNECTICUT BALLET

435 Boston Post Road

East Lyme, CT 06333

860-739-7899

www.easternctballet.org

## Summer Program 2018 Registration Form

New Student- \$30.00 Registration Fee  Returning Student

FAMILY INFORMATION

Parent 1 Name \_\_\_\_\_ Employer \_\_\_\_\_  
Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Employer \_\_\_\_\_  
Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

### STUDENT'S PRIMARY ADDRESS and/or PRIMARY ADDRESS FOR MAILED MATERIALS

Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_

**EMAIL IS OUR PRIMARY MEANS OF COMMUNICATION. WITH THIS IN MIND, PLEASE LIST THE EMAIL ADDRESS(ES) WHERE YOU WOULD LIKE SCHOOL COMMUNICATIONS SENT.**

*(Please notify the office if/when this changes)*

\_\_\_\_\_ @ \_\_\_\_\_  
& \_\_\_\_\_ @ \_\_\_\_\_

Does either employer have a "Matching Gifts" Program? \_\_\_\_\_

How did you find out about us?  Friend  Advertisement  ECB production  School  Facebook  ECB website  
 Internet Search  Library Event  Mailing  Other \_\_\_\_\_

Referred By current/former ECB student: \_\_\_\_\_

STUDENT 1

Student's Name \_\_\_\_\_ Age and Birthdate \_\_\_\_\_  
Academic School attending for 2017/18 year \_\_\_\_\_ Grade \_\_\_\_\_  
Previous Experience/Study \_\_\_\_\_  
Physical Limitations (if any) \_\_\_\_\_

STUDENT 2

Student's Name \_\_\_\_\_ Age and Birthdate \_\_\_\_\_  
Academic School attending for 2017/18 year \_\_\_\_\_ Grade \_\_\_\_\_  
Previous Experience/Study \_\_\_\_\_  
Physical Limitations (if any) \_\_\_\_\_

**To hold your place in a program, registration requires a 50% tuition deposit AND paperwork.**

**Registration by April 15<sup>th</sup> receives \$15.00 off!**  
**10% Sibling Discount applies to the lower program charge**

## Storybook Magic Adventure

May Select one and/or two weeks

\_\_\_\_ June 25-29, FROZEN!  
\_\_\_\_ July 2-7, FROZEN! (Monday-Saturday- NO Wednesday July 4<sup>th</sup>)

Time: 9-12pm      Ages: 3 ½ -6      ECB levels: A, B & C  
COST: Each week \$190.00      Ballet and Jazz classes, games, acting and crafts!

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## Petite Dancer Workshop

\_\_\_\_ June 25-29, DANCING BELOVED CLASSICS!

Time: 9-12pm      Ages: 6-9      ECB levels: D , Level 1 AND Students new to ECB  
COST: \$190.00      Ballet technique class, dances and creative crafts inspired by famous classical ballets!

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## Young Professional Summer Dance Workshop

Levels 3/4 May Select one and/or two weeks

\_\_\_\_ Week 1- July 2-7, (Monday-Saturday- NO Wednesday July 4<sup>th</sup>)- LEVELS 3 and 4 ONLY  
\_\_\_\_ Week 2- July 9-13- LEVELS 2,3 and 4

Time: 9-1pm      Ages: 9-12      ECB levels: 2-4      Instructors: Damara Bennett, Krystin Dixon, Laura Barnard, Amy Brady  
COST: 1 Week ONLY \$250.00      BOTH weeks \$480.00      Ballet, Character and Jazz classes

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## Teen / Adult Evening Classes

June 25-Aug 9-NO Wednesday due to July 4<sup>th</sup> holiday (7 weeks)

____ BEGINNER BALLET	Wednesdays	7-8:30 pm
____ INTERMEDIATE BALLET	Tuesdays	6-7:30 pm
____ CONTEMPORARY BALLET	Mondays	6-7:30 pm
____ MODERN	Thursdays	6-7:30 pm
____ BODY CONDITIONING	Wednesdays	6-7:00 pm

Time: See above      Ages: Teen/Adult

COST: \$21.00 - 1.5 hr class – May use Dance Card      \$17.00- 1 hr class

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## 6B, 7 & 7+ BONUS Week

\_\_\_\_ July 9-13

**\*Mandatory for 7+ if the student is NOT attending a pre-approved Summer Program.  
Optional addition to 4 below weeks for 6B & 7  
May NOT be used in place of an Int/Adv Summer Workshop Week**

Time: 9-11:30pm      ECB levels: 6B, 7, 7+      Instructors: Gloria Govrin, Damara Bennett

COST: \$150.00      Daily Ballet & Pointe Classes

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## Intermediate / Advanced July Summer Workshop

**\*Both weeks -Mandatory for Company Dancers**

\_\_\_\_ Week 1- July 16-20      \_\_\_\_ Week 2- July 23-27

Time: 9-12pm      ECB levels: 5, 6A, 6B, 7, 7+      Instructors: Gloria Govrin, Damara Bennett, Krystin Dixon

COST: \$175.00 per wk.      Daily Ballet & Pointe Classes

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## Summer Intensive- In Balanchine's Footsteps

**\*Both weeks -Mandatory for Company Dancers**

Guests: Sara Mearns (New York City Ballet)  
Amy Aldridge  
Martha Chamberlain  
Mary Ann Lamb

\_\_\_\_ Week 1- July 30-Aug 3      \_\_\_\_ Week 2- Aug 6-10

Time: 9-4pm      ECB levels: 5, 6A, 6B, 7, 7+      Instructors: Gloria Govrin, Damara Bennett & Guest Faculty

COST: \$390.00 per wk.      Ballet, Pointe, Variations, Jazz, Jazz Rep

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# EASTERN CONNECTICUT BALLET

## Release Form 2017-2018

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

### **Tuition:**

I understand that I am responsible for the entire tuition of classes for which I have registered and that tuition payments will be applied to the term in which they are paid. There are no refunds for missed class or voluntary withdrawal from ECB during the term. Refunds will only be given in the event of prolonged illness or injury, verified by a doctor's excuse.

### **I understand and agree to the terms and conditions above:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18, signature of parent or legal guardian is required.)

### **Liability Waiver:**

I recognize the inherent risks of accident and injury associated with any program of exercise or dance and acknowledge that I am participating upon the express understanding that I am willing and able to accept full responsibility for my own safety and welfare. I hereby release ECB and agree to hold ECB harmless from and against any and all claims and liabilities whatsoever which I may have arising out of my participation at ECB, except for those resulting directly from the gross negligence or willful misconduct of ECB. It is also understood that dance instruction involves kinetic corrections that may include appropriate physical touching students as part of regular class work and rehearsal. I hereby execute and deliver this Release to induce the Eastern Connecticut Ballet to permit me to participate in its programs.

### **I understand and agree to the terms and conditions above:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18, signature of parent or legal guardian is required.)

### **Photo & Video Waiver:**

I hereby give permission for images of my child, captured during ECB classes, rehearsals, special events, and performances through video, photo, and digital camera, to be used solely for the purposes of ECB promotional material and publications, and waive any rights of compensation or ownership thereto.

ECB promotional material is inclusive of but not limited to ECB marketing materials, brochures, information packets, videos, website photos, dance related newspaper and magazine articles, all social media including but not limited to: Facebook, and Instagram pages.

We at ECB collect group and individual photos and testimonials relating to our school, training, performances, and activities. We use these photographs, videos, profiles, testimonials and stories for various purposes, such as promotional advertising, commercial, educational, research, and archival purposes.

By signing this document, you are granting ECB permission to use your photo, profile, and/or story in promotional material to promote our school program and performances.

### **I understand and agree to the terms and conditions above:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18, signature of parent or legal guardian is required.)

**Authorization for Substituted Consent and Emergency Contact Information:**

I hereby grant permission to the Director of Eastern Connecticut Ballet (ECB) or anyone designated by the Director, and to those persons listed below as emergency contacts to authorize emergency medical or surgical treatment, including, but not limited to, blood or blood product transfusions, diagnostic procedures, and the administration of anesthesia, for Student where medically appropriate in case of injury, accident, or illness: subject, however, to the following limitations (if none, so state):

\_\_\_\_\_

This authorization is given for the benefit of Student. The authorization given to the Director is given with the understanding that the Director, or the Director’s designee, (1) will act only in my absence, and (2) will act only until such time as I or my spouse or the Student’s legal guardian or the persons designated below can be contacted. I understand that the medical appropriateness of such treatment shall be determined by the attending physician or by the medical facility’s medical staff, and that such a determination shall be conclusive evidence of the reasonableness of the consent given. I agree to hold the Director, anyone designated by the Director, ECB and any employees, officers and directors of ECB harmless from liability arising from any and all medical treatment, or complications arising there from, rendered as a result of consent given pursuant to this authorization.

I further authorize (1) the release by ECB or by the persons listed below to the health care provider of such medical and personal information as ECB or the persons listed below may have regarding Student, and (2) the use of such information by the health care provider in the subsequent medical treatment of Student.

**I understand and agree to the terms and conditions above:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18, signature of parent or legal guardian is required.)

**PHYSICIAN INFORMATION:**

Name of Student’s Physician \_\_\_\_\_

Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

***\*\*Persons to be contacted if you, your spouse or Student’s legal guardian(s) are unavailable\*\****

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

***The Eastern Connecticut Ballet, Inc. is a non-profit organization and offers equal employment and educational opportunities in accordance with all applicable Federal, State and local laws against discrimination on the basis of race, sex, religion, national origin, age or sexual orientation.***