



ADULT INTENSIVE 2026 REGISTRATION

Date \_\_\_\_\_

Name \_\_\_\_\_
(PRINT FIRST NAME) (PRINT LAST NAME)

E-mail \_\_\_\_\_

Address \_\_\_\_\_
City State Zip

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_
Name Phone

Previous Dance Training \_\_\_\_\_
(type, length of time, teachers)

How did you hear about City Ballet's Adult Intensive? \_\_\_\_\_

Level and Tuition: [ ] Beginning Level ~ \$750 (Minimum 1 year of training required)
[ ] Intermediate/Advanced Level ~ \$750

Any additional notes: \_\_\_\_\_ TOTAL PAID \$ \_\_\_\_\_

Payment enclosed: \*Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_ Visa/Mastercard \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_
(Visa or Mastercard only)

Signature for Credit Card Payment \_\_\_\_\_ CVV # \_\_\_\_\_

Email form to: school@cityballet.org or mail to: City Ballet, PO Box 99072, San Diego, CA 92169
To pay by phone with Visa or Mastercard: 858-274-6058 ~ Monday through Friday ~ 10:00 am – 6:00 pm
\*There is a \$25 fee for bank charge incurred for returned checks due to Insufficient Funds.

WAIVER AND RELEASE: I, \_\_\_\_\_ grant permission to attend the City Ballet School Adult Intensive Program. I give my permission to City Ballet School/Company to use any photos/video taken for use in promoting the Program and/or Company. I give my permission for the City Ballet staff to call a doctor in the event of an emergency and I will assume all financial costs incurred. I recognize the risks of illness (including COVID-19) and injury inherent with any dance exercise program and I wish to participate in the City Ballet School's Program upon the express agreement and understanding that I am waiving and releasing City Ballet and/or staff from any and all claims, costs, liabilities, expenses, judgments, including attorney's fees and court costs (herein collectively "claims") arising out of my participation in any event or program given or sponsored by City Ballet/the School and any illness, including COVID-19 and all COVID-19 associated effects, or injury resulting there from. I hereby further agree to indemnify and hold harmless City Ballet/City Ballet School from and against any all such claims except claims proximately caused by the gross negligence or willful misconduct of City Ballet School and/or staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Office Use Only) Date \_\_\_\_\_ Amt. \$ \_\_\_\_\_ Cash/CC/Check# \_\_\_\_\_ Received by \_\_\_\_\_ Receipt # \_\_\_\_\_