



Summer Princess and Fairy Tale Camps Registration Form 2018

Princess Camp June 12th-14th
Fairy Tale Camp August 14th-16th
9:30-Noon, \$90 per week

For ages 3-5 years

***\$15.00 Summer Program registration fee will also apply**

Name _____
(Last) (First) (Nickname)

Address _____ City _____

State _____ Zip _____ Phone _____ Email: _____

Mother's Name _____ Work Phone # _____

Mother's cell Phone _____

Place of Employment _____ Occupation _____

Father's Name _____ Work Phone/ Cell _____

Place of Employment _____ Occupation _____

Birth Date _____ Height _____ Shirt size _____ Emergency Phone (_____) _____

Current Ballet School _____ Number of years attended _____

Any known allergies _____

By signing below, I understand that full tuition is due regardless of the number of classes attended. There will be no refunds of tuition due to schedule conflicts, vacations, etc. All deposits are non-refundable.

Parent Signature _____

*As payment we accept VISA / MasterCard / DiscoverCard -Checks should be made payable to **PYBC School***

Dates Attending: _____ Princess Camp (June 12th-14th) _____ Fairy Tale Camp (August 14th-16th)



Total camp tuition: _____

Registration Fee: _____
 \$15 per person (\$25 for family)

Total deposit: _____

Please return forms to Pittsburgh Youth Ballet Company at the address below or via fax
 St Petersburg Center • 210 Valley Brook Road • McMurray, PA, 15317
Phone: 724. 969.6000 • FAX 724. 969.6900
 Email - pybco@comcast.net • website- www.pybco.com

Pittsburgh Youth Ballet Co. Medical Release Form

Dear Parents:

Please read the following carefully: Your child will not be permitted to attend classes until this release is received by PYBC. "I am aware that ballet dancing and the gymnastic exercise associated with it place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that the Pittsburgh Youth Ballet School, Pittsburgh Youth Ballet Company, Board of Directors, Faculty, and any of the chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the school or any of its related functions." My child has permission to be treated for emergency medical care.

**We need a photocopy of your insurance card, both sides please.*

Signature of Parent or Guardian

Witnessed by

Medical Insurance

Agreement Number

Family Physician & Phone Number

Allergies & prescriptions

Pittsburgh Youth Ballet Media Release Form

I give my permission for photographs or television footage that includes my child to be used for promotional purposes on television, or in newspapers, magazine or any other media.

Signature of Parent or Guardian

Date



Contact us at:

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