



# Summer Princess and Fairy Tale Camps Registration Form 2017

**Princess Camp June 11<sup>th</sup>-13<sup>th</sup> Fairy  
Tale Camp August 13<sup>th</sup>-15<sup>th</sup>**

**9:30-Noon, \$90 per week**

**\*\$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 \_\_\_\_\_ Student's cell \_\_\_\_\_

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 13<sup>th</sup>-15<sup>th</sup>) \_\_\_\_\_ Fairy Tale Camp (August 8<sup>th</sup>-10<sup>th</sup>)



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](mailto:pybco@comcast.net) • website- [www.pybco.com](http://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:

Email [pybco@comcast.net](mailto:pybco@comcast.net) · Web Site: [www.pybco.com](http://www.pybco.com)  
St. Petersburg Center · 210 Valley Brook Road, McMurray, PA, 15317  
Phone: 724. 969.6000 • FAX 724. 969.6900