

Treasure Valley Ballet Academy

2017 Summer Classes

www.tvballet.com

Welcome to the summer program at TVBA! Summer classes provide for fun and continued growth during the break. The schedule below is separated into two class formats. The 1st format, *weekly classes*, meet for a total of ten classes from June 6th through August 22nd. These classes focus on traditional ballet technique for continued challenge in a positive and enjoyable environment. The 2nd class format, *one-week classes*, meet daily the week of July 24th for a total of five classes. The Primary and Pre-Ballet classes incorporate a fun ballet theme with dance instruction while the choreography classes develop skills for creating dance works. For questions, please email tvballet@cablone.net or call (208) 855-0167.

Summer Schedule and Tuition

June 6 – August 22 weekly classes (no class on July 4th, 25th, or 27th)

Pre-Ballet for 4-6 year olds (\$85) ~ Tuesday 11:05–11:50 AM

Primary Ballet for ages 7+ (\$95) ~ Tuesday 10:50–11:50 AM

Ballet 1-4 for ages 9+ (\$110*) ~ Tuesday 9:30–10:45 AM

Ballet 1-4 for ages 9+ (\$110*) ~ Thursday 6:30–7:45 PM

Ballet 5-8 for ages 13+ (\$125*) ~ Tuesday 9:30–11:00 AM

Ballet 5-8 for ages 13+ (\$125*) ~ Thursday 6:30–8:00 PM

*Students can enroll in both classes: Ballet 1-4 (\$175) or Ballet 5-8 (\$200)

July 24 – 28 one-week classes (Monday – Friday)

Pre-Ballet for 3-4 year olds (\$55) ~ 10:50–11:50 AM

Pre-Ballet for 5-6 year olds (\$55) ~ 9:45–10:45 AM

Primary Ballet for ages 7+ (\$60) ~ 10:00–11:15 AM

Ballet 1-4 Choreography for ages 9+ (\$95) ~ 1:00–3:00 PM

Ballet 5-8 Choreography for ages 13+ (\$95) ~ 1:00–3:00 PM

- Please note that spots cannot be held until the form below with tuition is received
- All 2017 summer students can take \$5 off the registration fee for the '17-18 school year
- A 20% tuition discount can be applied for a student enrolling in both a weekly class and a one-week class
- The TVBA 10% family discount can be applied for summer students who are in the same immediate family

Student Name _____ Birth Date _____ Age _____

Address _____ City _____ Zip _____

Guardians _____ Phone _____ E-mail _____

Emgcy Contact _____ Phone _____ Relation _____

Classes _____ Please mail with check to: 1545 E Leigh Field Dr., Ste. 150, Meridian, ID 83646

Medical Consent and Liability Release: In the event of injury or sudden illness, I do hereby authorize the agents and instructors of *Treasure Valley Ballet Academy LLC* to arrange for such timely medical services they deem reasonable and necessary to the welfare of the injured or ill. I do hereby release *Treasure Valley Ballet Academy LLC* and its associates from all liability in taking such actions. I, the undersigned, have read this Medical Consent and understand all its terms. I execute it voluntarily and with complete understanding of its significance. I do hereby release from liability *Treasure Valley Ballet Academy LLC*, *TVBA Properties LLC*, and any other associated entities, agents, instructors, teachers, employees, and managers thereof. This includes but is not limited to liability from personal loss, damages by reason of injury or illness, and property damages or loss that may be sustained in conjunction with this Academy. I hereby warrant that I am of full age to sign this consent and release or that I am the legal guardian of the above named minor.

Signature of Parent/Guardian _____ Date _____