

Treasure Valley Ballet Academy

2020 Summer Classes

www.tvballet.com

Welcome to the summer program at TVBA! Summer classes provide for fun and continued growth during the break. This summer we are offering weekly classes that meet twelve times from May 26th through August 17th (contingent on stage two of the Idaho Rebounds plan for reopening). Summer classes will take into consideration health-related guidelines including social distancing. For questions, please email info@tvballet.com or call (208) 855-0167.

Summer Schedule and Tuition

May 26 – August 17 weekly classes

Primary Ballet 1/2 for ages 7-9+ (\$130) ~ Tuesday 10:45–11:45 AM

Primary Ballet 1/2 for ages 7-9+ (\$130) ~ Wednesday 6:00–7:00 PM

Ballet 1-3 for ages 9+ (\$150*) ~ Tuesday 9:20–10:35 AM

Ballet 1-3 for ages 9+ (\$150*) ~ Thursday 5:45–7:00 PM

Ballet 4/5 for ages 12+ (\$170*) ~ Monday 10:00–11:30 AM

Ballet 4/5 for ages 12+ (\$170*) ~ Tuesday 6:15–7:45 PM

Ballet 4/5 for ages 12+ (\$170*) ~ Thursday 9:30–11:00 AM

Ballet 6-8 for ages 14+ (\$170*) ~ Monday 9:30–11:00 AM

Ballet 6-8 for ages 14+ (\$170*) ~ Wednesday 9:30–11:00 AM

Ballet 6-8 for ages 14+ (\$170*) ~ Thursday 6:15–7:45 PM

*Multiple class enrollment: both Ballet 1-3 (\$240); two Ballet 4/5 or 6-8 (\$270); all three Ballet 4/5 or 6-8 (\$350)

- Please note that placements cannot be held until this form and tuition are received
- All 2020 summer students can take \$5 off the registration fee for the upcoming '20-21 season
- 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 _____ E-mail _____ Phone _____

Emgcy Contact _____ Relation _____ Phone _____

Classes _____

check here to approve payment via ACH auto-draft (submit ACH Payments Form if one with current information is not already on file)

Please send with check or ACH Payments Form if applicable 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 _____