

# Treasure Valley Ballet Academy

## Summer Classes (2021)

www.tvballet.com

Welcome to the summer program at TVBA! Summer classes provide for fun and continued growth during the break. This summer we will hold weekly classes that meet ten times from June 14<sup>th</sup> through August 19<sup>th</sup>. Tuition amounts below cover the full summer session. For questions, please email [info@tvballet.com](mailto:info@tvballet.com) or call (208) 855-0167.

### Summer Schedule and Tuition

June 14 – August 19 (ten weekly classes)

- Pre-Ballet 1/2 (ages 3-5) \$99 ~ Thursday 11:10–11:55 AM
- Pre-Ballet 3/4 (ages 5-7) \$99 ~ Wednesday 11:10–11:55 AM
- Pre-Ballet 3/4 (ages 5-7) \$99 ~ Thursday 5:45–6:30 PM
- Primary Ballet 1/2 (ages 7-9+) \$115 ~ Tuesday 10:55–11:55 AM
- Ballet 1-3 (ages 9+) \$129\* ~ Tuesday 9:30–10:45 AM
- Ballet 1-3 (ages 9+) \$129\* ~ Thursday 6:40–7:55 PM
- Ballet 4/5 (ages 12+) \$145\* ~ Tuesday 6:15–7:45 PM
- Ballet 4/5 (ages 12+) \$145\* ~ Thursday 9:30–11:00 AM
- Ballet 6-8 (ages 14+) \$145\* ~ Monday 9:30–11:00 AM
- Ballet 6-8 (ages 14+) \$145\* ~ Wednesday 9:30–11:00 AM
- Ballet 6-8 (ages 14+) \$145\* ~ Thursday 6:15–7:45 PM

\*Multiple class enrollment: \$215 for both Ballet 1-3; \$230 for two Ballet 4/5 or 6-8; \$300 for all three Ballet 6-8

- Please note that placement cannot be held until this form and tuition are received
- All 2021 summer students can take \$5 off the registration fee for the upcoming '21-22 season
- The TVBA 10% family discount can be applied for each student from the same immediate family

Student Name _____	Birth Date _____	Age _____
Address _____	City _____	Zip _____
Guardians _____	E-mail _____	Phone _____
Emgcy Contact _____	Relation _____	Phone _____
Classes _____		
<input type="checkbox"/> 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 \_\_\_\_\_