



ADULT SUMMER BALLET CLASSES

JULY 9 TO 25, 2024

INTERMEDIATE BALLET

TUESDAYS - 7:00 TO 8:30PM

POINTE CLASS (OPTIONAL)

TUESDAYS - 8:30 TO 9:00PM

ADVANCED BALLET

THURSDAYS - 7:00 TO 8:30PM

POINTE CLASS (OPTIONAL)

THURSDAYS - 8:30 TO 9:00PM

ADULT BALLET: \$26.00 PER CLASS

POINTE CLASS: \$10.00 PER CLASS

(TAXES INCLUDED)

ALL APPLICANTS MUST REGISTER FOR THE
ADULT SUMMER BALLET & POINTE CLASSES
AND SIGN ALL WAIVERS & RELEASE FORMS.
SUMMER FEES ARE NON-REFUNDABLE AND
NON-TRANSFERABLE.

ADULT CLASS CARDS ARE NOT VALID FOR
SUMMER CLASSES.

PAYMENT IN CASH, CHEQUE (PAYABLE TO
HAMILTON CITY BALLET), OR

E-TRANSFER TO:

HAMILTONCITYBALLET@GMAIL.COM

108 PARK ST. W. DUNDAS, ON, L9H 1X4

289-238-9855

WWW.HAMILTONCITYBALLET.COM



HAMILTON CITY BALLET

Adult Ballet Summer Classes

REGISTRATION FORM

First Name _____ Family Name _____

Date of Birth (dd/mm/yy) _____ Age _____ Gender _____

Home address: _____ City _____

Province _____ Country _____ Postal Code _____

Home phone number _____ Cell number _____

Work phone number _____ E-mail _____

Health Card No _____

Allergies/Medical problems/Past injuries _____

Previous Training: School _____ No. of Years _____

Adult Ballet: \$26.00 per class (taxes included). Applicant must choose the days of class attendance:

Week 1: Tuesday July 9 _____ / Thursday July 11 _____ @ 7:00 to 8:30pm

Week 2: Tuesday July 16 _____ / Thursday July 18 _____ @ 7:00 to 8:30pm

Week 3: Tuesday July 23 _____ / Thursday July 25 _____ @ 7:00 to 8:30pm

Pointe Class: \$10.00 per class (taxes included). Applicant must choose the days of class attendance:

Week 1: Tuesday July 9 _____ / Thursday July 11 _____ @ 8:30 to 9:00pm

Week 2: Tuesday July 16 _____ / Thursday July 18 _____ @ 8:30 to 9:00pm

Week 3: Tuesday July 23 _____ / Thursday July 25 _____ @ 8:30 to 9:00pm

Taxes included in fees. Fees are non-refundable.

Cheques made payable to *Hamilton City Ballet*. E-Transfer to: hamiltoncityballet@gmail.com

Form of payment: Cash _____ Cheque _____ e-Transfer: _____ Amount: \$ _____

For office use:

Form of payment: _____ Amount: _____ Cheque no: _____ Other: _____

HAMILTON CITY BALLET

RELEASE AND WAIVER OF ACTIVITY

IN CONSIDERATION for monies received, it is hereby acknowledged, student

_____ is permitted/agrees to participate in the study of and the participation in dance activities and instruction provided by Hamilton City Ballet (Max Ratevosian & Melania Pawliw, or any agent dance instructors) authorized from time to time by the aforementioned, DO HEREBY FULLY AND FINALLY RELEASE, FOREVER DISCHARGE AND HOLD HARMLESS Hamilton City Ballet (Max Ratevosian & Melania Pawliw, or any agent dance instructors) of and from any and all actions, causes of actions, covenants, contracts, claims, demands, complaints, grievances, damages, liabilities, costs or losses of any nature and kind including but not limited to accidents, injuries or death, arising out of or in any way relating to the participation of the student in dance classes, instruction or any other activity offered by Hamilton City Ballet (Max Ratevosian & Melania Pawliw, or any agent dance instructors).

I HEREBY CERTIFY THAT student _____ is in good physical condition and does not have any health deficits that would prevent or limit his or her full participation in a dance program, or that I have expressly advised Hamilton City Ballet in writing of such deficits in a separate document, authorized by a physician.

AND FOR THE CONSIDERATION REFERRED TO ABOVE, I HEREBY FURTHER AGREE student _____ will not make any claim or take or commence any proceedings against any person, corporation, or partnership or other entity in which any claim or any such proceeding, could, would or does arise with respect to any matters, which are the subject of the Waiver and Release, whether whole or in part, including any matter concerning, connected with or related to any action I may have as against any other party as a result of, in connection with or related to the participation of the student in dance classes, instruction or any other activities offered by Hamilton City Ballet.

THE UNDERSIGNED also waives any claim for liability on the part of Hamilton City Ballet for any items lost or stolen while on the premises of Hamilton City Ballet or while participating in any activity organized by Hamilton City Ballet.

DATED at Dundas, Ontario this _____ day of _____, 20 _____.

_____)	
)	
)	
NAME of Student (please print))	
)	
)	
)	
SIGNATURE of parent/guardian(for minors))	_____
Or SIGNATURE of adult student (19 yrs or >))	Witness