

# Fairy Ballerina Mini Camp New This Year!

## Central Wisconsin School of Ballet

124 N 3rd Ave  
Wausau, WI 54401  
715-842-4447

Student's Name:		New Student ___Y ___N	
Age:	Date of Birth:	Gender ___F ___M	Email:
Address:		City:	State:      Zip:
Day Phone:		Cell Phone:	Evening Phone:
Mother's Name:		Father's Name:	
Address (if different):		Address (if different):	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Emergency Notification:		Phone:	

Weeks (please check) Select one or do them all!!		
___Ages 3-4		___Ages 5-7
___ <b>June 21 - June 23</b> <b>(Mon, Tue, Wed)</b> Ages 3-4 - 5:15-6:15pm Ages 5-7 - 6:30-7:30pm	___ <b>July 12 - July 14</b> <b>(Mon, Tue, Wed)</b> Ages 3-4 - 5:15-6:15pm Ages 5-7 - 6:30-7:30pm	___ <b>August 9 - 11</b> <b>(Mon, Tue, Wed)</b> Ages 3-4 - 9:30-10:30am Ages 5-7 - 11:00am-noon
<b>Fee: \$45.00 includes T-shirt</b>		

Checks made payable to **CENTRAL WISCONSIN SCHOOL OF BALLET** in the amount of \$\_\_\_\_\_

**This application must be signed for admission into the Central Wisconsin School of Ballet**

I hereby release the Central Wisconsin School of Ballet, its agents and employees, from all liability for personal injury, illness or property damage occurring on or off the Central Wisconsin School of Ballet premises, whether or not caused by the negligence of the Central Wisconsin School of Ballet, its agents or its employees. I have read the registration information and understand the School's policies as outlined. I understand that I am responsible for tuition payments as described. I certify that I am in good health and capable of participating in all School activities and classes. I hereby give permission for the Central Wisconsin School of Ballet to take photographs.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent or Guardian (if student is under 18 years old)