

THE BALLET LAB

ACE DANCE THEATRE Inc. | 58 Brucewood Cres. Toronto, ON. M6A 2G6
www.acedancetheatre.com | theballetlab@gmail.com | 416-230-5543

2019 LOCATIONS

VAUGHAN

The Woodbridge School of Dance
140 Woodbridge Ave.
Woodbridge, ON
L4L 4K9

TORONTO

The Winchester St. Theatre
80 Winchester St.
Toronto, On
M4X 1B2

**Please scan and send completed application to theballetlab@gmail.com **

Dates (please check all the dates that you will be attending)

VAUGHAN
MINI INTENSIVE ☐
Ages 5-9
July 16-18, 2019
4:30pm-7:30pm

VAUGHAN
Ages 10+ ☐
July 15-19, 2019
9:00am-4:00pm

TORONTO
Ages 10+ ☐
August 26-29, 2019
9:00am-4:00pm

Student information

First Name: _____

Last Name: _____

Street Address: _____

Parent E-mail Address: _____

City: _____ Province: _____ Country: _____

Postal Code: _____ Gender: _____

Parent Phone Number: _____

Birthdate: ____/____/____ Age ____ (as of July 2019)
MM DD YYYY

Allergies/ Medications/ Injuries:

Parent/Guardian information

Guardian 1: _____

Relationship: _____

Street Address: _____

Email Address: _____

Cell Phone: _____

Home Phone: _____

Guardian 2: _____

Relationship: _____

Street Address: _____

Email Address: _____

Cell Phone: _____

Home Phone: _____

Emergency Contact Name: _____

Phone: _____

Referred by / How did you hear about The Ballet Lab™?

Ballet Training

No. of years trained: _____ **Current level:** _____ **No. of classes/week:** _____

Current Ballet Syllabus: Vaganova, Royal Academy of Dance, Cecchetti, Other – specify:

Do you dance on pointe? If so, for how many years? _____

Name of Studio and City: _____

Release Form

I hereby certify that my child _____ is in good physical condition and is able to participate fully in this program. All current medical conditions are outlined on this form. I understand the inherent risk involved in the physical activity of dancing and I release ACE Dance Theatre Inc., The Ballet Lab™, and its teachers from liability in case of accident or injury. I understand all classes will be conducted in the safest possible manner by trained professional instructors.

Name of Parent/Guardian: _____ Signature: _____ Date: _____

I understand that all fees are **non-refundable**.

Signature: _____ Date: _____

I understand that my **contact info** will remain in the possession of ACE Dance Theatre Inc. for company/workshop purposes only.

Signature: _____ Date: _____

OR If you do NOT wish to receive future correspondence, check here. ☐

ACE Dance Theatre Inc. will photograph throughout The Ballet Lab™ solely for the promotional purposes of ACE Dance Theatre Inc. I **waive all rights** to the photographs and allow them to be used for their intended purposes. I understand that **no fee or reimbursement** will be offered.

Signature: _____ Date: _____

The Ballet Lab™ Fees

Applications will be processed in order of those received. A response will be sent to you within 72 hours of receiving your application. Due to enrolment limits, application does not guarantee acceptance.

FEES:

MINI Intensive July 16-18, 2019:
\$180.00 + HST (Total of \$203.40)

VAUGHAN July 15-19, 2019
\$450.00 + HST (Total of \$508.50)

TORONTO August 26-29, 2019
\$360+ HST (Total of \$406.80)

*To claim a SCHOLARSHIP or DISCOUNT CODE, please e-mail theballetlab@gmail.com prior to payment.

Method of Payment: (Please check one)

CHEQUE ☐ (Please make cheques payable to ACE Dance Theatre Inc. Please mail to ACE Dance Theatre Inc. 58 Brucewood Cres. Toronto, ON. M6A 2G6)

OR

E-TRANSFER ☐ (Please send electronic payment to theballetlab@gmail.com)

*A receipt will be emailed once payment is received.