



OMNIA PRO CHRISTO

## Summer Camp Registration Form

Pre-Ballet Camp is for girls 3 to 6 years of age with little or no experience in ballet. This camp will meet Monday through Friday mornings from 9 until 11 a.m. during the week of June 27th through July 1st. Girls will learn both to do some ballet and about the history and vocabulary of ballet.

Grammar Ballet Camp is for girls 6 to 12 years of age with some experience in ballet. This camp will meet Monday through Friday afternoons from 2 until 5 p.m. during the week of June 27th through July 1st. Girls will learn both technique and ballet history and vocabulary.

Science Camp is for students going into the first through the sixth grades. Classes will include classical-style memorization of information and hands-on activities and projects. Science camp will meet Monday, Wednesday, and Friday afternoon from 1:00 p.m. until 5:00 p.m. during the week of July 18th through the 22nd.

For each student, please fill in the requested information then check those sessions for which the student is being registered. Only one registration form is needed per family so long as no more than four students are being registered. Registration is only complete once this form and the tuition for the camp(s) have been received by the school.

Student's Name	Student's School & Grade Completed	Student's DOB	Pre-Ballet \$100	Grammar Ballet \$130	Science \$120

Please list any allergies, medical conditions, or limitations of any kind for any of the students of which school personnel should be aware. If there are none, please write "none."

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RIVERWOOD CLASSICAL SCHOOL

501 RICE VALLEY ROAD NORTH  
TUSCALOOSA, ALABAMA 35406





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**Classical Ballet Program  
Participation and Medical Release Form**

(This form may be completed to apply to multiple students so long as all of the students share the same doctor, insurance policy, and emergency contact information. If any of this information differs, please fill out a separate form for each student.)

The information, authorizations, and releases in this form all apply to the following student(s):

\_\_\_\_\_

***Medical Authorization***

I, the undersigned parent or guardian, hereby give permission to Riverwood Classical School or any representative thereof permission to transport my child, named above, to a doctor or hospital and to seek medical care for my child in the event of emergency due to illness or injury.

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. and Policy No.: \_\_\_\_\_

***Release from Liability***

In consideration of my child or children, named above, being allowed to participate in the classes and performances of the the Riverwood Classical School After School Ballet Program, I, the undersigned parent or guardian, hereby release Riverwood Classical School and its employees and representatives from any and all liability for any loss or damage to myself or my child or children resulting from injury to the participant on account of participation in the After School Ballet Program. I acknowledge that this release from liability is intended to be as broad as may be permitted under the laws of the State of Alabama.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**Experience**

*For your teacher's information, please list any previous experience in ballet.* \_\_\_\_\_

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