



Viktor Yeliohin, Director
214 W. Grant Street, Lancaster, PA 17603
Summer Camp Registration

Dancer's Name: _____

Parents/Guardians Names: _____

Address: _____ Zip Code _____

Home Phone: _____ (Mother cell) _____ (Father cell) _____

Email Address: _____

Age: _____ Birth Date: _____

School Attending: _____ Dance School: _____

Years of Ballet: _____ Ballet Level (circle) Beginner Intermediate Advanced Pointe

Please select the camp(s) for which you are registering:

___ **Camp 1: June 15-19: Mini Movers/Ages 5-9**

___ **Camp 2: June 22-26/Ages 10-19**

___ **Camp 3: July 13-17/Ages 10-19**

___ **Camp 4: August 10-14: Nutcracker Intensive/Ages 9-19**

___ Continuation Week: July 20-24

Registration fee \$20.00 (\$5.00 for Mini Movers) due with Registration form (All Registration is non-refundable.)

Checks made payable to: **Viktor Yeliohin, IBA** Check # _____ Check Date _____ I am paying cash _____

Please mail registration form and payment to the following address:

**Viktor Yeliohin
139 Springbrook Court
Lancaster, PA 17603**

Email: mariedillon08@gmail.com Website: <https://www.vyballet.com>

For telephone inquiries, please call (717) 419-6688

Parent/Guardian Signature: _____ Date: _____

(Student's Signature if 18 Years, or Older)

RELEASE FORM

Dancer's Information:

Dancer's Name _____ Address _____

Age _____ Date of Birth _____ City _____ Zip code _____

Phone # _____ Phone # _____ E-mail Address _____

Emergency Contact Person: *Emergency Contact's Names (Names of Parents or Legal Guardians):*

Name _____ Phone #1 _____ Phone #2 _____

Medical Release: The undersigned, on behalf of the Dancer and/or him or herself, certifies that the Dancer is in good health and may participate in all activities at **VYIBA**. In case of an emergency requiring medical treatment, and the legal guardian (if the Dancer is under 18 years of age) is not immediately available, the undersigned hereby authorizes Viktor Yeliohin IBA, and/or its employees and/or agents, to obtain medical care and treatment for the Dancer and the undersigned accepts payment responsibility for any such care and treatment. _____ ***Initials of Legal Guardian***

Liability Release: The undersigned, on behalf of the dancer and/or him or herself, gives consent for the dancer to participate in the **VYIBA** performance and all activities associated with **VYIBA** and is aware that dance training and the athletic exercises associated with it may place unusual stress on the body and carry the risk of physical injury that includes, but is not limited to, muscle strains and tears, broken bones, or even death. On behalf of the Dancer and/or him or herself, the undersigned assumes the risk in consideration of the benefits derived from participation in **VYIBA**. Furthermore, on behalf of Dancer and/or him or herself, the undersigned waives all rights, causes of actions, and releases any and all claims by or from the Dancer that may arise against Viktor Yeliohin, Director, Viktor Yeliohin IBA or **VYIBA**, or while in the act of being transported to and from such activities, (including any and all consequential damage claims which the Dancer and/or the undersigned may be entitled to recover from, without regard to the negligence of the parties). The undersigned does hereby agree to indemnify and hold harmless, release and discharge the building owners Viktor Yeliohin IBA, staff, assistants, agents, representatives, instructors, directors and/or owners. Furthermore, the undersigned agrees to provide health insurance for the Dancer or guarantee payment of all medical expenses incurred as a result of **VYIBA** activities. _____ ***Initials of Legal Guardian***

Media Release: Photographs and videotape footage of **VYIBA** are sometimes used in Viktor Yeliohin IBA publications, local newspaper, television ads and on Viktor Yeliohin IBA's web page. If the undersigned, on behalf of the Dancer, and/or him or herself, does not wish to have the Dancer appear in such photographs and videotape footage, the undersigned may submit a written request to Viktor Yeliohin IBA. If no written request is received, it is understood that the undersigned, on behalf of the Dancer, and/or him or herself, gives Viktor Yeliohin or Viktor Yeliohin IBA permission to use such photographs and videotape footage of the Dancer for such use. _____

Initials of Legal Guardian

The undersigned has read the above Medical Release, Liability Release, and Media Release and agrees to such Releases and all other regulations, rules, dress codes and requirements of **VYIBA** and Viktor Yeliohin IBA.

Parent/Guardian Signature
(or Student's Signature if 18 Years or Older)

Date