

Registration Form

Summer Intensive 2026

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RETURN DETAILS

Applications must be received by June 1.

OIL REGION BALLET
SUMMER INTENSIVE
17 Woodland Dr.
Oil City, PA 16301

FAX: (814)677-8212
EMAIL: oilregionballet@gmail.com

*BALANCE IS DUE JULY 1, 2026

INSTRUCTIONS

Please fill out and sign the forms below.

Submit to ORB by U.S. Postal service, fax or email with **full payment** by July 1st, 2026.

PAYMENT OPTIONS:

PayPal: ORB web site, oilregionballet.org

or check
made out to: OIL REGION BALLET

\$25 off family rate with one full paid tuition
Check here and write the name of any sibling who is attending _____

Last Name:

First Name:

Home Address:

Home Phone:

Home Email:

Student's Cell

Texting Yes/No

Email

2nd Email

Emergency #

Name/relation

Mother's Name

Work Phone

Mother's Cell

Texting Yes/No

Father's Name

Work Phone

Father's Cell

Texting Yes/No

Age

Birth Date / /

Height

Weight

Current level of ballet

Current Dance School

Hrs ballet Wk

Pointe: Yes/no

Level: Intermediate/Advanced

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A PARENT SHALL SIGN ON BEHALF OF ANY DANCER WHO IS UNDER 18 YEARS OF AGE. DANCERS 18 AND OVER SHALL SIGN ON THEIR OWN BEHALF.

TUITION AGREEMENT

I agree to pay the full tuition and realize that all payments are due for the full session regardless of the number of classes attended. I also understand that no refunds will be given without a withdrawal notice accompanied by a verified doctor's excuse stating extreme illness or injury.

signed _____ date _____

dancer's name _____

LIABILITY RELEASE

I hereby agree that I will not hold any dance studio, studio owner, Oil Region Ballet Company or any of their faculty, instructors, employees, Board members, or volunteers liable for any injury or illness, or for the loss or destruction of any personal property that may occur during, or as a result of my/my child's enrollment in, participation in and/or use of the premises during the Summer Intensive. I understand and agree that I, the dancer/parent assume all risk of injury while on the premises, traveling to and from the premises, as well as traveling for any purpose pertaining to Oil Region Ballet Company.

signed _____ date _____

dancer's name _____

MEDIA RELEASE

I understand that photographers, videographers and/or television crews may sometimes be present photographing or filming Oil Region Ballet's Summer Intensive. I give my permission for any resulting photographs and/or film footage that may include myself/my child to be used for promotional purposes on television, in newspapers, programs, magazines, or other media.

signed _____ date _____

dancer's name _____

MEDICAL INSURANCE

Insurance Company _____

Policy Number _____

Name of Policyholder _____

Insurance Phone Number _____

I hereby authorize the Oil Region Ballet Company to provide emergency care as needed to myself/my child, including, but not limited to, medical treatment. I understand that the Oil Region Ballet Company is not responsible for payment of hospital services rendered.

signed _____ date _____