

Spring 2010 Schedule

champaignballetacademy@gmail.com 217-355-8234

Children's Division Jan 4—Apr 30 (no class 3/22—3/26)

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| Pre-Ballet I (ages 5-6) | Tues | 4:15-5:00 pm |
| Pre-Ballet II (ages 6-7) | Thurs | 4:15-5:00 pm |
| Ballet I (ages 7-11) | Tues & Thurs | 5:00-6:00 pm |

Pre-Professional Division Jan 4—June 4 (no class 3/22—3/26)

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| Ballet II | Mon, Wed & Fri | 4:15-5:30 pm | |
| Ballet III | Mon & Fri | 5:30-7:00 pm | Tues & Thurs 6:00-7:30 pm |
| Beginning Pointe | Mon | 7:00-7:30 pm | Thurs 7:30-8:00 pm |
| Ballet IV | Mon - Thurs | 4:30-6:15 pm | Fri 5:00-7:00 pm |
| Ballet V | Mon - Thurs | 6:15-8:15 pm | Fri 5:00-7:00 pm |

Adult Division Jan 11—May 1 (no class 3/22—3/27)

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| Adult Ballet I | Wed 6:00-6:45 pm | Sat 9:15-10:00 am | |
| Adult Ballet II Barre | Mon 7:30-8:15 pm | Wed 7:00-7:45 pm | Sat 10:00-10:45 am |
| Adult Ballet II Center | Wed 7:45-8:30 pm | Sat 10:45-11:30 am | |
| Free Conditioning Class | Wed 6:45-7:00pm (for any Adult Ballet Registrants) | | |

Toddlers & Young Children

Contact Donna Warwick at: missdonna2004@yahoo.com

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| Ses 1: | Tues—Jan 5, 12, 19, 26 | Feb 2, 9 | |
| | Sat—Jan 9, 16, 23, 30 | Feb 6, 13 | |
| Ses 2: | Tues—Feb 16, 23 | Mar 2, 9, 16, 30 | |
| | Sat—Feb 20, 27 | Mar 6, 13 | Apr 3, 10 |
| | <small>(no class 3/20-3/27)</small> | | |
| Ses 3: | Tues—Apr 6, 13, 20, 27 | May 4, 11 | |
| | Sat—Apr 17, 24 | May 1, 8, 15, 22 | |

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| Music and Motion newborn-age 5 | Tues 9:30-10:00am |
| Artsfusion Level 1 ages 2.5- 5 | Tues 10:00-10:45am |
| Into Ballet/Fairytale Class ages 4-8 | Tues 3:15-4:00pm |
| Intro to Ballet ages 4-6 | Tues 1:00-1:45 pm or Sat 9:45-10:30 am |
| Fairytale Ballet ages 5-9 | Sat 10:30-11:15 am |



Cut here and mail with payment

Spring 2010 Registration

- Step 1:** New students should call first for placement. Returning students may move up a level in the Fall only, and with permission from their teacher first.
- Step 2:** Fill out waiver and registration, and check off your class level.
- Step 3:** Send your completed registration form, along with a check payable to: Champaign Ballet Academy at 2810 W. Clark Rd, Champaign, IL 61822, by **January 2nd**. No prorating. No refunds.

Student's Name _____

Age _____ Date of Birth _____

Address _____

City _____ Zip _____

Phone _____

Email _____

Parent's Name(s) _____

PLEASE READ THIS FORM CAREFULLY. BE AWARE IN REGISTERING YOURSELF OR YOUR MINOR CHILD/WARD FOR PARTICIPATION IN BALLET/DANCE/MOVEMENT CLASSES THAT YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU OR YOUR MINOR CHILD/WARD MIGHT SUSTAIN ARISING FROM PARTICIPATION.

CHAMPAIGN BALLET ACADEMY WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT

I recognize and acknowledge that there are certain risks of physical injury to participants in ballet/dance/movement and I agree to assume full risk of injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with ballet/dance/movement. I agree to waive and relinquish all claims I or my minor child/ward may have against Champaign Ballet Academy and its owners, agents, employees, and instructors as a result of participating in ballet/dance/movement classes.

I recognize and acknowledge that it is my responsibility to provide prompt pickup for my child/ward after ballet/dance/movement classes. I recognize and acknowledge that Champaign Ballet Academy or its agents will not be responsible for monitoring my child/ward's activities after ballet/dance/movement classes. I further agree to indemnify and hold harmless and defend Champaign Ballet Academy and its owners, agents, employees, and instructors from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with ballet/dance/movement classes.

In the event of an emergency, I authorize Champaign Ballet Academy or its agents to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of all hospital and medical charges incurred. I recognize and acknowledge that Champaign Ballet Academy or its agents will not be responsible for honoring specific hospital or healthcare provider preferences. I further authorize Champaign Ballet Academy and its agents to use my/my child's image (photo, video, audio) for use in advertising and promotional material.

I have read and fully understand the above Waiver and Release of All Claims and Permission to Secure Treatment.

Signature _____ Date _____
(Parent/guardian for minor child/ward under 18 years old)

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| Children's Division | January 4-April 30 |
| Pre-Ballet I | _____ \$210 |
| Pre-Ballet II | _____ \$210 |
| Ballet I | Payment Plan: \$295 now, \$295 Feb 1 _____ \$565 |

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|----------------------------------|--|
| Pre-Professional Division | January 4-June 4 |
| Ballet II | Payment Plan: \$572 now, \$572 Feb 1 _____ \$1,120 |
| Ballet III | Payment Plan: \$837 now, \$837 Feb 1 _____ \$1,650 |
| Beginning Pointe | _____ \$275 |
| Ballet IV | Payment Plan: \$1,155 now, \$1,155 Feb 1 _____ \$2,285 |
| Ballet V | Payment Plan \$1,270 now, \$1,270 Feb 1 _____ \$2,515 |

Adult Division January 11-May 1

Registration for Adult Division classes may be submitted at any time during the semester.

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| 15-Class Card | _____ \$130 | good for any 45 minute Adult class this term |
| Single 45 min. Class | _____ \$10 | |
| Free Conditioning class for participants of either Wednesday class | | |

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|--------------------------------------|------------|------------|------------|
| Toddlers & Young Children | Session 1 | Session 2 | Session 3 |
| Music & Motion | _____ \$48 | _____ \$48 | _____ \$48 |
| Artsfusion Level 1 | _____ \$72 | _____ \$72 | _____ \$72 |
| Introduction to Ballet | _____ \$72 | _____ \$72 | _____ \$72 |
| Fairytale Ballet | _____ \$72 | _____ \$72 | _____ \$72 |
| Intro Ballet/Fairytale Combo Class | _____ \$72 | _____ \$72 | _____ \$72 |