

**ALABAMA BALLET SCHOOL
TUTUS & TIARAS
REGISTRATION FORM**

Name of Student _____ DOB _____

Address _____

City _____ St _____ Zip _____ Home Phone _____

Name of Parent(s)/Guardian _____

Address (If different from above) _____

City _____ State _____ Zip _____ E-mail _____

Parent/Guardian's Phone
 _____ Home
 _____ Work
 _____ Cell

Parent/Guardian's Phone
 _____ Home
 _____ Work
 _____ Cell

Best phone number to reach you during the hours your student is in class:

Primary Phone# _____ Name _____

Secondary Phone# _____ Name _____

Contact (other than above) in case of emergency _____

Phone # (hm) _____ (wk) _____

<input type="checkbox"/> Sessions Enrolled (check one)	Date/Time	Fee	Amount Due
<input type="checkbox"/> July 17 – July 21, 2017	M – F/10am – 2pm	\$250	_____
<input type="checkbox"/> July 24 – July 28, 2017	M – F/10am – 2pm	\$250	_____
			Total \$ _____

Notes:

❖ A \$50 non-refundable deposit is due at registration to hold place in class. It will be credited towards the full tuition. Payment in full is due May 31, 2017. Class size is limited, so enroll early. The Alabama Ballet School reserves the right to cancel any class which does not meet minimal enrollment.

Method of Payment

Check /money order payable to the Alabama Ballet School

Check No. _____

Please charge to: MasterCard Visa Amex Discover

Account No. _____ Ex. Date _____

Name on Card _____ Signature _____

**RELEASE OF CLAIMS AND TREATMENTS AUTHORIZATION
ALABAMA BALLET SCHOOL**

Release/authorization made on _____ (date) by _____ (parent/guardian of) _____ (student).

I am aware that dancing, and the exercises associated with it, place unusual stresses on the body, and carry with them the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that the Alabama Ballet shall not be liable in any way for injuries sustained during attendance at the Alabama Ballet School or any of its related functions.

I grant my child, or ward, permission to participate in the Alabama Ballet School session. I hereby release and discharge the Alabama Ballet, Alabama Ballet School, its agents, employees, and officers from all claims, demands, actions, judgments and executions which the undersigned's heirs, executors, administrators or assigns may have, or claim to have against the Alabama Ballet, its successors, or assigns, for all personal injuries caused by, or arising from, the above described activities, or any activities related thereto.

Further, I grant Alabama Ballet, the Alabama Ballet School, its agents and employees, permission to authorize any emergency medical treatment that may be required for my child, or ward, during the school session.

My medical insurance is offered through:

Insurance Company	Policy Number	Coverage Dates
Family Physician _____	Phone _____	

Any known medical problems, allergies, or current medications, so that we can take better care of our students in case of emergency. _____

I, the undersigned, have read this release/authorization and understand all of its terms. I execute it voluntarily and with the full knowledge of its significance.

Signature of Student Date

Signature of Parent/Guardian if student is a minor Date

Photo Release Form

I hereby give permission for the Alabama Ballet and/or Alabama Ballet School to use photographs/videos of my likeness in Alabama Ballet and/or School sponsored publications and for promotional purposes.

Signature of Student Date

Signature of Parent/ Guardian if student is a minor Date