

**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's Phone  
Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

Parent's Phone  
Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

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

Parent # \_\_\_\_\_

Parent # \_\_\_\_\_

Contact (other than parent) in case of emergency \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

<b>Classes Enrolled (Check One)</b>	<b>Date/Time (if Option)</b>	<b>Fee</b>	<b>Amount Due</b>
<input type="checkbox"/> July 16– July 20, 2018	M – F/10am – 2pm	\$250	_____
<input type="checkbox"/> July 23 – July 27, 2018	M – F/10am – 2pm	\$250	_____
		<b>Total</b>	<b>\$_____</b>

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ **A \$50 non-refundable deposit due at registration to hold place in class. It will be credited towards the full tuition. Payment in full due May 31, 2018. 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 \_\_\_\_\_ 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 required for my child, or ward, during the school session.  
My medical insurance is offered through:

Insurance Company	Policy Number	Coverage Dates
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Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Any known medical problems, allergies or medications being taken, 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