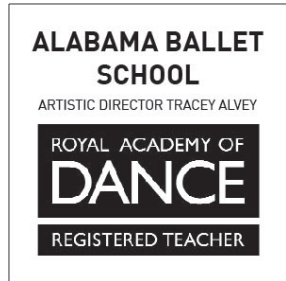




ALABAMA BALLET SCHOOL

STUDENT REGISTRATION FORM



NAME OF STUDENT _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
DOB ____/____/____ HOME PHONE _____
ACADEMIC SCHOOL _____ SCHOOL PHONE _____

*IF PARENTS HAVE SEPARATE ADDRESSES, PLEASE INCLUDE BOTH

PARENT/GUARDIAN NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
CELL _____ HOME _____ WORK _____
EMAIL _____

PARENT/GUARDIAN 2 NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
CELL _____ HOME _____ WORK _____
EMAIL _____

FAMILY PHYSICIAN _____ PHONE _____

ANY KNOWN MEDICAL PROBLEMS, ALLERGIES OR MEDICATIONS BEING TAKEN:

(SO THAT WE CAN BETTER TAKE CARE OF OUR STUDENTS IN CASE OF AN EMERGENCY)

CLASS APPLYING FOR _____

PREVIOUS DANCE TRAINING (SCHOOL, TEACHER, SUBJECT, YEARS TRAINING, NUMBER OF CLASSES/WEEK)

RELEASE/AUTHORIZATION MADE ON _____ BY _____ FOR
DATE PARENT/GUARDIAN

_____.

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, JUDGEMENTS 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

AS A REPRESENTATIVE OF THE ALABAMA BALLET SCHOOL, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ALABAMA BALLET SCHOOL.

SIGNATURE OF STUDENT

DATE

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 ALABAMA BALLET SCHOOL SPONSORED PUBLICATIONS AND FOR PROMOTIONAL PURPOSES.

SIGNATURE OF STUDENT

DATE

SIGNATURE OF PARENT/GUARDIAN IF STUDENT IS A MINOR

DATE

PLEASE MAIL COMPLETED REGISTRATION FORM AND \$30 REGISTRATION FEE TO:
ALABAMA BALLET SCHOOL, 2726 1ST AVENUE SOUTH, BIRMINGHAM, AL 35233