

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

Name of Student _____ DOB _____
Address _____
City _____ State _____ Zip _____ Home Phone _____
Parent(s)/Guardian _____
Address (If different from above) _____
City _____ State _____ Zip _____ E-mail _____
Parent's Phone _____ Parent's Phone _____
Home _____ Home _____
Work _____ Work _____
Cell _____ 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 (home) _____ (work) _____

Classes Enrolled	Date/Time	Fee Amount Due
<input type="checkbox"/> July 27 – July 31, 2020	M – F/10am – 2pm	\$250 _____

Total \$ _____

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, 2020. 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

Card No. _____ Ex. Date _____ CVC _____ Billing Zip Code _____

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 require 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 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 its terms. I execute it voluntarily and with the full knowledge of its significance.

Signature of Parent/Guardian

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 Parent/ Guardian

Date