



**ALABAMA BALLET'S ADULT TAPPERS
REGISTRATION FORM**

Name of Student _____ DOB _____
Address _____
City _____ St _____ Zip _____ Email _____
Home Phone # _____ Work # _____ Cell # _____
Best Number to reach you _____

Contact in case of emergency _____
Phone (hm) _____ (wk) _____ (Cell) _____

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: _____

Class Time: _____

Monday

4:45-5:30pm _____
5:30-6:15pm _____
6:15-7:00pm _____
7:30-8:15pm _____

Thursday

4:30-5:15pm _____
5:15-6:00pm _____
6:00-6:45pm _____

Showcase Performance Yes _____ No _____

Previous Dance Training School/Teacher	Subject	Years of Training	Classes per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Release/authorization made on _____ by _____ (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 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 the 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
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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
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Photo Release Form

I hereby give permission for the Alabama Ballet and/or the 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
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**Please return along with your \$30 registration fee to:
Libba Owen
Alabama Ballet School
2726 1st Avenue South
Birmingham, AL 35233**