

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

**Name of Student** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Gender ( M / F )**

**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 18 - 22, 2022	M – F/10am – 2pm	\$250	_____
<input type="checkbox"/> July 25-29, 2022	M – F/10am – 2pm	\$250	_____
<input type="checkbox"/> Both weeks	M – F/10am – 2pm	\$425	_____
	<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 July 1, 2022. 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

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

**Covid-19 Health and Safety Waiver**

During these times of Covid-19, the State of Alabama Ballet, Inc., (the "Ballet") is following all of the recommendations of the Center for Disease Control and Prevention (CDC) to help all participants and staff maintain a safe environment for our events and programs by practicing social distancing, hand hygiene, respiratory etiquette and other recommended measures and by following our Wellness Policy. The risks associated with contracting Covid-19 are well known. There is a risk of contracting the virus while at the Alabama Ballet. Of course, you, or your child, could contract the virus outside the Ballet and unrelated to its programs. You, your children and the staff could be currently infected by Covid-19 and have no symptoms. Determining who currently is infected is challenging, and for that reason, our Wellness Plan attempts to use best practices to limit the risk, but no guarantees can be made.

In full recognition of the fact that the virus can be contracted anywhere and at any time, the undersigned acknowledges and agrees to observe the policies and procedures of the Ballet and its Wellness Plan and, further, acknowledges that despite all safety precautions the virus can still be contracted.

By my signature below, I confirm that I have read the Notice and on behalf of myself, and my minor children, I understand that participation in any Ballet workshops, classes and/or programs is not free of risk, including the risk of exposure and infection with the Covid-19 virus. On behalf of myself and each minor child, I accept the risks associated with participating in any program or activity [and agree individually, and on behalf of my minor children, to waive and release Alabama Ballet from any liability in the event that I or my children contract Covid-19.

\_\_\_\_\_  
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