

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

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

Class Placement: \_\_\_\_\_

## ALABAMA BALLET SCHOOL REGISTRATION FORM

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Academic School \_\_\_\_\_ School Phone \_\_\_\_\_

Name of Parent(s)/Guardian \_\_\_\_\_  
Address(If different from above) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

If parents have separate address please include both, when appropriate

Mother or Father \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Phone		Father's Phone	
_____ Home		_____ Home	
_____ Work		_____ Work	
_____ Cell		_____ Cell	
_____ Other		_____ Other	

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

Mother # \_\_\_\_\_ Father # \_\_\_\_\_

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

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 Applying For: \_\_\_\_\_

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

(OVER)