ALABAMA YOUTH BALLET THEATRE TUTUS & TIARAS REGISTRATION FORM

Name of Student		DO	B	Ht	Wt
Address					
City	St	Zip		_Home Phone	
Name of					
Parent(s)/Guardian					
Address (If different from above)					
City	State	_Zip	E-mail		
Mother's Phone			Father's		
(Home)			(Home)		
(Work)					
(Cell)			(Cell)		
(Email)					
Best phone number to reach you	during the hou	<u>rs your st</u>	udent is in	class.	
Mother #			Father#		
Contact (other than parent) in cas	e of emergency				
Classes Enrolled					Amount Due
July 8 – July 11, 2013		M –	TH/9:15an	n – 11:30am	\$90
July 15 - July 18, 2013			M - TH/9	:15am - 11:30an	n \$90
Notes:					

A \$20 non-refundable deposit is due at registration to hold place in class. It will be credited towards the full tuition. <u>Payment in full is due by June 17</u>. Class size is limited, so enroll early. The Alabama Youth Ballet Theatre reserves the right to cancel any class which does not meet minimum enrollment.

Method of Payment

Check /money order payable to <u>AYBT</u>. Check No._____

Please see reverse

RELEASE OF CLAIMS AND TREATMENTS AUTHORIZATION ALABAMA YOUTH BALLET THEATRE

Release/authorization made on ______by ______(Date) (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 Youth Ballet Theatre and the Alabama Youth Ballet School shall not be liable in any way for injuries sustained during attendance at the Alabama Youth Ballet Theatre or any of its related functions.

I grant my child, or ward, permission to participate in the Alabama Youth Ballet Theatre session. I hearby release and discharge the Alabama Youth Ballet, Alabama Youth Ballet Theatre, 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 Youth Ballet Theatre or the Alabama Youth Ballet School, 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 Youth Ballet, the Alabama Youth Ballet Theatre, 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			
Family Physician	Phone				
List any known medical problems, allergies or medic emergency	-				
I, the undersigned, have read this release/authorization knowledge of its significance.	n and understand all of its ter	ms. I execute it voluntarily and with the full			
Signature of Student	Date				
Signature of Parent/Guardian if student is a min	nor Date				
	Photo Release Form				
I hereby give permission for the Alabama Youth Ball likeness in Alabama Youth Ballet Theatre or Alabam					

Signature of Student

Date

Signature of Parent/ Guardian if student is a minor

Date