



A L A M E D A B A L L E T A C A D E M Y

Registration 2016-2017 Session

Level _____ Class Day/Time _____

First _____ Last _____ DOB _____ Gender: M / F

Street _____ City _____ Zip _____ Home Phone _____

What school does your child attend _____

Parent 1 _____

Parent 2 _____

Relationship _____

Relationship _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Emergency Contact (other than parents) _____ Phone _____

Anyone other than parents who is authorized to pick up your child:

Name _____

Relationship _____ Phone _____

Allergies or other chronic health concerns we should be aware of:

Student's Medical Insurance Provider and Policy Number: _____

Doctor _____ Address _____ Phone _____

Dance Experience

Returning ABA Student

New Student with ABA Previous dance, music, performance or athletic experience:

How did you hear about our program? _____

AGREEMENT:

I understand that all students, new and returning, must submit a registration form, a signed liability waiver form, and payment for the first installment of tuition. I will return the forms with payment as soon as possible to ensure my child's space in class. I understand that ABA must always maintain current contact information for every student, and it is my responsibility to inform ABA of any changes to that effect.

I understand that any concerns with ABA's program, my child's placement or scheduling concerns are to be addressed via email or phone. I understand I am not approach the Artistic Director in the lobby or in between classes because there will not be enough time for a quality discussion.

I have read ABA's tuition policy and understand payments are due on the first of the month. I understand that I will be assessed a \$20 late fee for payments received after the 5th of the month.

I understand that ABA's academic year runs from **September through the end of May**, and that I am enrolling my child for the full academic year. **I understand that I am responsible for paying tuition unless I submit a drop/change form and withdraw my child from the school with 30 days notice.**

I understand and agree that my child will follow the dress code and ABA's classroom attendance policies.

I have read, understand, and signed the waiver of liability.

I agree that my child's image may be used in photographs, videotapes or other media that may be used in news articles, advertising or on the website.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Waiver of Liability Assumption of Risk and Hold Harmless Agreement

For and in consideration of my child's participation in Alameda Ballet Academy/Alameda Civic Ballet (ABA/ACB) programs we, the undersigned, the father and mother and/or guardian of said participant, a minor, do hereby for ourselves, executors, and administrators, agree to forever waive, release, acquit, discharge, and hold harmless, ABA/ACB and its successors, directors, employees, volunteers, interns, and agents from any and all liability, rights, damages, claims, actions, costs, loss of service, expense and compensation, on account of or in any way arising from any and all known or unknown personal injuries and property damage, which the participating minor may incur as a result of the aforementioned participation in ABA/ACB programs or pertaining thereto.

We, the undersigned, hereby acknowledge to be the lawful parents and/or guardians of the above mentioned minor and we, therefore, acknowledge our qualifications to sign the subject agreement on behalf of the said minor.

In consideration of being permitted to participate in any way in ABA/ACB programs, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue ABA/ACB, or it's successors, directors, employees, volunteers, interns, and agents for liability from any and all claims including the negligence of ABA/ACB, it's successors, directors, employees, volunteers, interns, and agents resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to participation in ABA/ACB programs.

Assumption of Risk: I know and appreciate that risks may arise from my child's participation in ABA/ACB programs. I hereby assert that my child's participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I agree to defend, indemnify, and hold harmless ABA/ACB, it's successors, directors, employees, volunteers, interns, and agents from and against any and all loss, liability charges, actions, claims, suits, and expenses (including attorneys fees) and costs which may arise by reason of participation in ABA/ACB programs. ABA/ACB does not provide insurance for program participants.

Release Authorization For Emergency Treatment: I understand that I am required to maintain and carry accident medical coverage for the child listed on their application and I verify that the coverage information on the Alameda Ballet Academy Registration Form is accurate and true. As parent/guardian, I hereby consent to emergency treatment. I further agree expressly to assume the risk of my minor child participating in ABA/ACB programs.

I am the parent/guardian of the minor _____ and I am signing this release on behalf of said minor.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, fully understand its terms and understand that I am giving up substantial rights by agreeing to these terms, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature and agreement to be a complete and unconditional release of liability to the greatest extent allowed by law.

Print Parent/Guardian Name

Signature

Date