

**ALABAMA YOUTH BALLET THEATRE  
TUTUS & TIARAS  
REGISTRATION FORM**

**Name of Student** \_\_\_\_\_ **DOB** \_\_\_\_\_ **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**

(Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

(Email) \_\_\_\_\_

**Father's Phone**

(Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

(Email) \_\_\_\_\_

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

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

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

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

Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

<b>Classes Enrolled</b>	<b>Date/Time</b>	<b>Fee</b>	<b>Amount Due</b>
____ July 12 – July 15, 2010	M – TH/9am – 11:30am	\$80	_____
____ July 19 - July 22, 2010	M - TH/9am - 11:30am	\$80	_____

Notes:

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**A \$20 non-refundable deposit is due at registration to hold place in class. It will be credited towards the full tuition. Payment in full is due June 15. 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.**

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**Method of Payment**

Check /money order payable to **AYBT.**

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 hereby 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 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

### **Photo Release Form**

I hereby give permission for the Alabama Youth Ballet Theatre and/or Alabama Youth Ballet School to use photographs/videos of my likeness in Alabama Youth Ballet Theatre or Alabama Youth Ballet School sponsored publications and for promotional purposes.

\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_  
Signature of Parent/ Guardian if student is a minor Date