

Name \_\_\_\_\_

Date \_\_\_\_\_

**San Diego Academy of Ballet  
Registration Form 2011**

**Student Information**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Primary e-mail \_\_\_\_\_

Sex (male or female) \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

School name \_\_\_\_\_ Grade level \_\_\_\_\_

Please describe any medical condition or behavior that we should be aware of:

**Parent Information (for students under age 18)**

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Alternate email \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Alternate email \_\_\_\_\_

SDAB is a non-profit organization and relies on volunteers and donations to support daily operations and production needs. Please describe any special skills or goods that you can contribute (Ex: sewing, catering, raffle items).

**Emergency Contacts**

Name \_\_\_\_\_ Phone (s) \_\_\_\_\_

Name \_\_\_\_\_ Phone (s) \_\_\_\_\_

Family physician or pediatrician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

**New Students**

Prior ballet experience (Please give names of locations and teachers)

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How did you hear about SDAB?

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**Please read and initial the following:**

\_\_\_\_\_ I understand that there is an annual \$25 registration fee for all students due in September.

\_\_\_\_\_ I understand that any physical activity involves the possibility of injury. I have consulted a doctor concerning any medical condition listed above. I accept full responsibility for any injury sustained during class or rehearsal and hereby waive, release and agree to hold harmless San Diego Academy of Ballet and its staff for any and all actions, claims and demands which may arise from my child's participation in any activity arrangement with the San Diego Academy of Ballet.

\_\_\_\_\_ I understand that the program at SDAB is on-going and that fees are due per session even for unattended classes. I understand that there are no refunds or credits, but that missed classes may be made up within the same session. I understand that payments are due on or before the due date listed on my bill. I understand that if payment is not received by the due date, a 10% late fee will be charged.

\_\_\_\_\_ I permit that photos taken of my child in class, rehearsal and performances may be used on SDAB promotional materials, including the SDAB website, performance DVD's, and photo CD's.

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*If the student is under the age of 18 years old, a parent must sign here. Otherwise the student should sign. Your signature confirms that the information on this form is complete and correct. Thank you.*

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_