

sacramento Ballet  
**dance education**  
**training program**  
*Ron Cunningham & Carinne Binda, Artistic Directors*

STUDENT NAME \_\_\_\_\_ GUARDIAN NAME \_\_\_\_\_

ADDRESS (CITY AND ZIP) \_\_\_\_\_ STUDENT'S BIRTHDATE \_\_\_\_\_

**Liability Release**

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of myself or my dependent, I assume the risk and agree that The Sacramento Ballet shall not be liable in any way for any injury sustained to my child during attendance in any classes or any related functions. I understand ballet training involves physical manipulation and adjustment of the student's body by the instructor.

**Publicity Release**

I hereby authorize The Sacramento Ballet may record my child's picture and voice on photographs, films, or tapes, to edit these recordings at its discretion, and to incorporate these recordings for publicity and fundraising purposes into movie and sound films on tapes, radio, or television programs. I acknowledge that no promises of compensation were made by The Sacramento Ballet for such use.

**Medical Release**

I hereby give my permission to the management, faculty, and staff of The Sacramento Ballet to authorize any emergency medical care that may be required during my child's participation in classes, performances, or any related Sacramento Ballet events. This authorization extends throughout the entire year, or until that student is no longer enrolled with The Sacramento Ballet, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

**Emergency Contact Information**

Mother's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

If my child is ill or has an emergency and I cannot be reached, release him/her to:

Name \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**Medical Insurance Information**

**\* REQUIRED: PLEASE ATTACH A COPY OF THE INSURED'S INSURANCE CARD, FRONT AND BACK.**

Name of Insurance Company: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Company Address: \_\_\_\_\_

Name Plan is Registered Under: \_\_\_\_\_ Group #: \_\_\_\_\_

Employer: \_\_\_\_\_

If Pre-Authorization is required by your insurance plan, the phone number is: ( ) \_\_\_\_\_

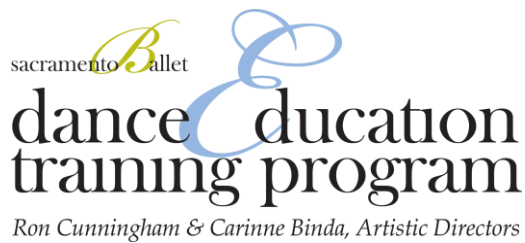
List of any known health problems or allergies your child may have:

I have read, understand, and agree to the Liability Release, Publicity Release, and Medical Release. I have also received and read the Dance Education Student Handbook and agree to follow its policies and procedures. I hereby submit this form to the Sacramento Ballet Dance Education Training Program.

**Date**

\_\_\_\_\_  
 Parent/Guardian Signature (if student under 18)

\_\_\_\_\_  
 Student Signature



## 2011-2012 Student Enrollment Form

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Parent Name \_\_\_\_\_

Email Address (parents) \_\_\_\_\_

Please check here if you **DO NOT** wish to receive The Sacramento Ballet e-newsletter with information on The Nutcracker and other ballet events as well as updates on the Company.

Address (including **City & Zip**) \_\_\_\_\_

Continuing Student (Please Circle) Y N If no please list previous ballet schools and number of years:

\_\_\_\_\_

Dance forms other than ballet studied? \_\_\_\_\_

Conditions which might be helpful for us to be aware of (Dyslexia, Scoliosis, etc.) \_\_\_\_\_

\_\_\_\_\_

Academic School \_\_\_\_\_ Grade Level \_\_\_\_\_

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Office Use Only:

Level of Enrollment \_\_\_\_\_

Base Tuition \_\_\_\_\_

Extra Classes Enrolled In:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Tuition \_\_\_\_\_

Registration Fee Paid \_\_\_\_\_