

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: () _____

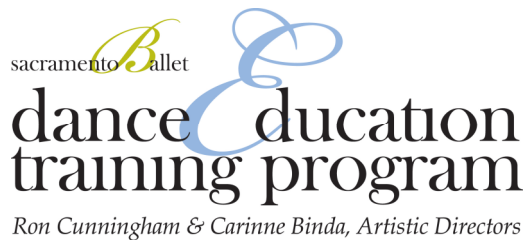
List of any known health problems or allergies your child may have:

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



2010-2011 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 _____

Office Use Only:

Level of Enrollment _____

Base Tuition _____

Extra Classes Enrolled In:

Additional Tuition _____

Registration Fee Paid _____