

Student Name:

ARIZONA SCHOOL OF CLASSICAL BALLET
2019-2020 ADULT REGISTRATION FORM

ADULT STUDENT INFORMATION

First Name		Middle Initial	Last Name	Preferred Name	
Street Address			City	State	Zip Code
() -		Email Address			
Age	Birthdate / /	Gender		YES / NO New to ASCB?	

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT:

Full Name		Relationship
() - Primary Phone Number	() - Secondary Phone Number	Email

SECONDARY CONTACT:

Full Name		Relationship
() - Primary Phone Number	() - Secondary Phone Number	Email
Name of Physician	() - Physician Phone Number	Name of Physician

Do you have any injuries (previous or new)? Please explain.

Do you have any allergies? Please explain.

Do you have any medical condition that ASCB should be made aware of? Please explain.

CONSENT AND RELEASE

I consent to my participation in the Arizona School of Classical Ballet (ASCB) dance training program, auditions, rehearsals, and performances, as well as recreational activities at various locations to enrich my dance experience. I understand that dance is a very physical activity and there is a risk of accident or injury inherent in dance.

Student Name:

I am aware that dance is a physical activity which requires touch and hands-on corrections from teacher to student to reinforce proper alignment and positioning of the body. I agree that the iDance, LLC (DBA Arizona School of Classical Ballet) along with its employees, consultants, volunteers, advisors, directors and/or agents shall not be responsible for any injuries to be caused during my participation.

I do hereby voluntarily waive and release any and all actions, claims, and demands for any damage, injury, or loss to person or property which may be sustained by myself and/or ward directly or indirectly during the course of or as a result of my participation as set above.

I hereby grant permission to person(s) listed as emergency contact, my physician, ASCB’s directors or the director’s designee to take whatever action is deemed necessary for the health of myself in case of injury, accident, or illness until my emergency contacts listed above can be contacted.

I further authorize the release to health care workers any medical and personal information ASCB or the person listed above may have regarding myself and the use of such information by health care workers in the subsequent medical treatment of myself.

HEALTH INSURANCE

I certify that I am covered by a medical plan or health insurance that includes coverage for injuries that may be sustained while I am participating in classes, rehearsals, performances or any activities sponsored by ASCB. We/I will assume all responsibility for the payment(s) or medical treatment if an injury does occur while I am a student at iDance, LLC (DBA Arizona School of Classical Ballet).

ASCB will not be responsible for any cost or liabilities resulting from a lack of medical coverage. Please note: ASCB does not provide any medication to any student.

I acknowledge that I have read and understand this Consent and Release and have had any questions answered to my satisfaction.

Signature of Parent/Guardian	Date

PUBLICITY RELEASE

I hereby give my permission and consent for my image to be included in promotional materials such as marketing brochures, posters, flyers, videos, and website for Arizona School of Classical Ballet, its programs and productions without compensation to me, the student.

Signature of Parent/Guardian	Date

SCHEDULE

Cost	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Drop-In: \$18 10-Class Pack: \$150		12:00 – 1:15PM Ballet Tech		12:00 – 1:15PM Ballet Tech	6:45 – 8:30PM Ballet Tech	