



ALAMEDA BALLET ACADEMY

Fitness Evaluation & Program Participation Form

Name _____ Date of Birth _____

Address _____

Phone _____ Work _____ Cell _____ Email _____

Emergency Contact _____ Phone _____

General Physical Condition: *Excellent Good Average Fair Poor*

Current Weekly Workout Regime: *5 4 3 2 1 0 times per week*

What Kind(s) of Exercise Do You Do? _____

Pre-existing limitations: _____

I accept complete responsibility for my health and well being in this voluntary dance/fitness program and understand that no responsibility is assumed by ABA/ACB and its successors, directors, employees, volunteers, interns, and agents. I waive any possibility of personal damage which may be blamed upon such a program. I understand the possibility of certain physical changes during exercise does exist. They include: abnormal blood pressure, fainting, muscular strains or sprains, disorders of heartbeat and very rare instances of heart attack. Every effort will be made to minimize these concerns by preliminary evaluation and by observation during class or rehearsal.

I hereby acknowledge and accept these risks. To my knowledge, I do not have any limiting conditions that would keep me from participating in said programs and/or I have fully disclosed any conditions in writing under pre-existing limitations.

Participant's Signature _____ Date _____

How did you hear about this program? _____

Registration Fee - \$25 for new adult students.