



ALAMEDA BALLET ACADEMY

Spring Recital – May 29, 2011

This year Alameda Ballet Academy will be holding a Spring Recital to showcase all of our students' accomplishments.

We will be ordering costumes through Revolution Dancewear again this year, the same company we have been using for all of our dancewear. The performance fee is \$60, and you will get to keep the costume!

Please keep in mind that the Spring Recital is a bit different from *The Nutcracker* in that your child does not have to audition, each level will perform a separate dance and they will be rehearsed during class times (**with the exception of Ballet 4's and 5's**). This year we will be performing excerpts from *Sleeping Beauty*! If your child cannot be involved in the performance, we will still have them learn the dances so they are receiving instruction during the entire class. Of course we always want to encourage every student to be involved in the production as part of their performing arts education but understand if they cannot commit to the performance.

As you know, successful performances can only take place with the assistance of many helping hands. We will be asking all families to donate time to help put on this production. We will be sending out more information soon, but felt it was important to get this letter to you first.

## Spring Recital Calendar 2011

<b>5/27 (Fri)</b>		<b>Last day of ABA classes</b>
<b>5/28 (Sat)</b>	<b>10am-6pm(TBA)</b>	<b>Theater Dress Rehearsal</b> – Check In at Kofman Stage Door
<b>5/29 (Sun)</b>	<b>12 - 4pm</b> 12:00pm 2:00 - 4:00pm	<b>Spring Recital</b> Call Time – Kofman Theater Stage Door Performance  <b>Pictures</b> will be taken backstage during the performance and will be available for purchase online. Ballet 4 and 5 will have a 30min break after the performance to greet your family and friends before returning to take pictures onstage.

## Summer Calendar 2011

<b>6/13 – 8/12</b> LEVELS	<b>Summer Camps</b> ~ Weekly Half- or Full-Day for ALL
<b>6/4 – 8/27</b>	<b>Saturday Summer Classes</b> ~ LEVELS; Mommy & Me, Pre-Ballet & Ballet 1
<b>6/6 – 7/29</b>	<b>Adult Summer Classes</b> will be offered during the week
<b>9/6</b>	<b>Fall Session 2011</b> – classes resume

**Permission Slip for ABA Spring Recital 2011  
Sunday, May 29 @ 2pm**

Student Name \_\_\_\_\_

Class Level \_\_\_\_\_ Class \_\_\_\_\_ Day and Time \_\_\_\_\_

Please circle the appropriate response for the statement below:      YES                  NO

My child will participate in Alameda Ballet Academy's Spring Recital 2011.

If you circled NO, do you still want to purchase the costume?      YES                  NO

The costume fee (not performing) is \$50.00 and payment is due by March 12, 2011.

We are requesting your help in giving us the following information as it is very helpful for the costuming portion of the recital. If we do not get correct measurements of each dancer, it makes it very difficult to costume them.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

I hereby give permission for my child, \_\_\_\_\_, to participate in Alameda Ballet Academy's Spring Recital 2011. I have read and understand the rehearsal and performance schedule and I commit that my child will be present for all of the listed dates unless there is prior authorization from the Artistic Director to be absent. In signing this agreement, I agree to pay the performance fee of **\$50.00** by **Saturday, March 12, 2011**. I also grant permission for my child to be photographed during the rehearsal or performance period, unless alternative arrangements are made with the Artistic Director.

**Please Note: This contract must be signed and returned with the \$50.00 performance fee no later than March 12, 2011.**

Student Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Waiver of Liability

## Assumption of Risk and Hold Harmless Agreement

For and in consideration of my child's participation in Alameda Ballet Academy/Alameda Civic Ballet (ABA/ACB) programs we, the undersigned, the father and mother and/or guardian of said participant, a minor, do hereby for ourselves, executors, and administrators, agree to forever waive, release, acquit, discharge, and hold harmless, ABA/ACB and its successors, directors, employees, volunteers, interns, and agents from any and all liability, rights, damages, claims, actions, costs, loss of service, expense and compensation, on account of or in any way arising from any and all known or unknown personal injuries and property damage, which the participating minor may incur as a result of the aforementioned participation in ABA/ACB programs or pertaining thereto.

We, the undersigned, hereby acknowledge to be the lawful parents and/or guardians of the above mentioned minor and we, therefore, acknowledge our qualifications to sign the subject agreement on behalf of the said minor.

In consideration of being permitted to participate in any way in ABA/ACB programs, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue ABA/ACB, or it's successors, directors, employees, volunteers, interns, and agents for liability from any and all claims including the negligence of ABA/ACB, it's successors, directors, employees, volunteers, interns, and agents resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to participation in ABA/ACB programs.

Assumption of Risk: I know and appreciate that risks may arise from my child's participation in ABA/ACB programs. I hereby assert that my child's participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I agree to defend, indemnify, and hold harmless ABA/ACB, it's successors, directors, employees, volunteers, interns, and agents from and against any and all loss, liability charges, actions, claims, suits, and expenses (including attorneys fees) and costs which may arise by reason of participation in ABA/ACB programs. ABA/ACB does not provide insurance for program participants.

Release Authorization For Emergency Treatment: I understand that I am required to maintain and carry accident medical coverage for the child listed on their application and I verify that the coverage information on the Alameda Ballet Academy Registration Form is accurate and true. As parent/guardian, I hereby consent to emergency treatment. I further agree expressly to assume the risk of my minor child participating in ABA/ACB programs.

I am the parent/guardian of the minor \_\_\_\_\_ and I am signing this release on behalf of said minor.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, fully understand its terms and understand that I am giving up substantial rights by agreeing to these terms, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature and agreement to be a complete and unconditional release of liability to the greatest extent allowed by law.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date