



ALAMEDA BALLET ACADEMY

Summer Camp 2010 Registration

Student 1 _____ Gender F / M DOB ____/____/____
Level _____ Weeks _____ Returning ABA Student New with ABA
Previous experience _____

Student 2 _____ Gender F / M DOB ____/____/____
Level _____ Weeks _____ Returning ABA Student New with ABA
Previous experience _____

Street _____ City _____ Zip _____ Home Phone _____

Parent 1 _____ Parent 2 _____
Work _____ Cell _____ Work _____ Cell _____
Email _____ Email _____

Emergency Contact (other than parents) _____ Phone _____

Allergies or other health conditions we should be aware of: _____

Camp Tuition

Student 1 (oldest) = \$ _____ Total = \$ _____
Student 2 = \$ _____ (base) x 0.90 = \$ _____
Student 3 = \$ _____ (base) x 0.90 = \$ _____ Enroll Early = \$ _____ (total) x 0.90 = \$ _____

Please make checks out to Alameda Ballet Academy

Waiver of Liability

As the legal parent or guardian, I forever release and hold harmless Alameda Ballet Academy (ABA) from any and all liability, damages, claims, actions, costs, loss of service, expense and compensation, arising out of or related to any and all known or unknown personal injuries and property damage, which the participating minor may incur as a result of participation in ABA programs or pertaining thereto.

I agree that my child's image may be used in photographs, videotapes or other media that may be used in news articles, advertising or on the website.

Parent Name _____ Signature _____ Date _____