

ACADEMY OF INTERNATIONAL BALLET REGISTRATION FORM

75 W. Baltimore Pike Media, PA 19063 405 Caredean Drive, Suite E, Horsham, PA 19044

Type of Training: **Year Round** **Private** **Summer intensive** **Other**

Student Name: _____

Email: _____

Address: _____

City _____ State _____ Zip Code _____

Date of Birth: _____ Academic School: _____ State: _____

Current Dance School: _____

Parents / Guardians: _____

Address (if different from above) Street _____

City _____ State: _____ Zip _____

email _____

Phone: _____ Occupation (optional): _____

How did you hear about us? _____

LIABILITY RELEASE: Dancing and exercise can be strenuous activities from which injuries may arise. Academy of International Ballet (AIB) and its instructors or employees are NOT LIABLE for personal injuries, nor loss of or damage to personal property. I assume the risk and agree that AIB directors, instructors, and employees of AIB shall not be liable in any way for injuries sustained during attendance at the dance school or any related functions. Please inform your instructor of any physical limitation you may have. If you are in doubt, please consult your physician before participating. AIB cannot dispense any medication or medical treatment. I also understand that good ballet training involves touching and adjustment of the student’s body by the instructor. I also understand that tuition must be paid in full before the start of class session. If a student is absent from class, he or she may take a make-up class at the appropriate level if available. Tuition is NOT refundable or transferable under any circumstances.

PUBLICITY RELEASE: I hereby grant permission to be photographed, videotaped, or interviewed by AIB or any of its authorized agents, and consent to the publication, edit these recordings at it’s discretion, broadcast or other use for the purpose of promoting AIB. In addition, intending to be legally bound for myself, my heirs, executors and administrators, I release AIB or any parties acting on their behalf and with their approval, from liability for such uses of my images or words. AIB are permitted to use and license these materials in any manner or media whatsoever. I acknowledge that no promises of compensation were made by AIB for such use.

I have read, understand and agree to the Liability Release and the Publicity Release.

Parent/Guardian's Signature _____ **Date:** _____

We must also have a signed copy of the **Academy of Int’l Ballet HEALTH INFORMATION / WAIVER.**