



ACADEMY REGISTRATION

Student's Name _____ Age _____ Date of Birth _____

School _____ Grade _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Father's Name _____

Employer _____ Work Phone _____

Mother's Name _____

Employer _____ Work Phone _____

Emergency Contact _____ Phone _____

Health Insurance _____ Policy # _____

Injuries / Medical Conditions _____

Dance Training _____

Payment Preference: One Payment Two Payments Four Payments

Liability Release: I, the undersigned, unconditionally release and discharge Kentucky Ballet Theatre and its faculty and staff, employees, officers, directors, agents, dancers and volunteers from any and all liability arising from, related to, or connected with any injury, illness or damage caused by, resulting from, or sustained in the course of my, or my child's, participation in classes, performances or other activities conducted by, or associated with Kentucky Ballet Theatre. I understand that good ballet training includes hands-on adjustment of the student's body positions by the instructor.

Publicity Release: I hereby authorize Kentucky Ballet Theatre to record the student's picture and voice on photographs, films and tapes; to edit these recordings at its discretion; and to incorporate these recordings into movie and sound films on tapes, radio or television broadcast programs. I also give my permission to Kentucky Ballet Theatre to use and license others to use these materials in any manner or media whatsoever. Kentucky Ballet Theatre is permitted to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness, voice and biographic or other information in connection with them. I acknowledge that no promises of compensation were made by Kentucky Ballet Theatre for such use.

Medical Release: In the event I cannot be reached, I hereby give my permission to the management, faculty and staff of the Kentucky Ballet Theatre to authorize any emergency medical care that may be required by the above student during their participation in classes, performances, or any related Kentucky Ballet Theatre event. This authorization extends through the current school year or until the student is no longer enrolled at Kentucky Ballet Theatre, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

I have read, understand and agree that this waiver of liability, publicity and medical is provided voluntarily, and shall be fully binding upon myself, my heirs, next of kin, executor, administrator and/or personal representative.

Parent(s) Signature _____ Date _____

Student Signature _____ Date _____

For office use only:

Year _____ Level _____ Semester _____

Observation _____