

THE GEORGIA BALLET

1255 Field Parkway ↻ Marietta, GA 30066 ↻ (770) 528-0881 ↻ www.georgiaballet.org

DanceAbility Registration Form

Alpha _____

Beta _____

STUDENT INFORMATION:

Student Name: _____ Date of Birth: ____/____/____ Gender: _____

Is this student new to The Georgia Ballet? Yes No Previous Dance Training: _____

Please list and describe this child's allergies, medical conditions, or medication requirements we should be aware of:

Please describe your student's physical limitations: _____

Address: _____ Mother's Name: _____

City, State, Zip: _____ Mother's Alternate Phone: _____

Home Phone: _____ Father's Name: _____

Email Address: _____ Father's Alternate Phone: _____

How did you hear about The Georgia Ballet's DanceAbility program?

- Flyer... Where? _____ Newspaper... Which one? _____
- Magazine... Which one? _____ Friend/Current GAB Student... Who? _____
- Website... _____ Other: Please Explain _____

Help us spread the word

Please list the names of doctors, therapists, teachers, or anyone else who may know of families or volunteers who may be interested in this special program:

Name

Relation to Student

Contact Information

***DanceAbility* Program Regulations**

1. Students accepted into the program are invited to participate in the class on full scholarship including the cost of the uniform and the costume for the recital at the end of the year.
2. If you will be unable to attend class, out of respect for the volunteers who generously give up their time to help your student, we ask you to please notify the office as soon as possible by calling (770) 528-0881. This will help to ensure that the volunteer can be excused from class in a timely fashion.
3. Many students who participate in the *DanceAbility* program are very sensitive to change in schedule or routine. Consequently, a student arriving late to class is a major distraction for many *DanceAbility* dancers. Out of respect for the class and consideration for the students we ask that you arrive on time for your child's class.
4. By registering for and participating in a *DanceAbility* class, the undersigned guardian grants permission for The Georgia Ballet to use the child's likeness and image in marketing materials which may include, but is not limited to: brochures, website, periodicals, videos and any other materials The Georgia Ballet deems necessary and proper.

I, the undersigned, understand the policies of The Georgia Ballet's *DanceAbility* program and agree to abide by these in full. I recognize there is a risk of accident or injury associated with any program of dance and acknowledge that I am allowing my child to participate with this understanding. I certify that my child is capable of participating in all school activities and classes. I agree that The Georgia Ballet, Inc., its staff, and Board of Trustees shall not be liable in any way for any injuries sustained or loss of property during attendance at the school or any of its related functions, whether on or off The Georgia Ballet's premises.

Parent/Guardian Signature

Date