Alabama River Region Ballet

Summer Classes June 2nd-25th

Ages 12-18

(Recommended for current Ballet 4 through Ballet 6 levels)

Tuesday/Thursday 4:00-6:00pm

Student's Name:		
Date of Birth:		Age:
Mother's Name:		Cell:
Father's Name:		Cell:
Home Phone:	Email:	
Address:		
City:	State:	Zip:
Emergency Contact:	Relation:	Phone:
for Alabama River Region Ballet to to River Region Ballet or any Alabama or illness contracted while my child i. River Region Ballet and its agents from damage, loss or injury to the student, p	participating in an active program and a ake and publish photos of me or my child. River Region Ballet faculty member or en s a student at Alabama River Region Ba m any and all liability claims, demands on parent, guardian, family member or person participation in any Alabama River Regio	I agree that I will not hold Alabama uployee liable for any injury sustained llet. I exempt and release Alabama r causes of action whatsoever from any ual property which may arise out of, or
Parent/Guardian Signature:		Date:

Tuition: \$120 for the month