



San Diego Ballet School

2024-25 ADULT REGISTRATION FORM

Print Student Name: _____

Address: _____ City: _____ Zip: _____

Email: _____ Alt. Email: _____

DOB: _____

Home Phone #: _____ Cell Phone#: _____

Employer: _____

In Case of Emergency please notify:

Name/Relation: _____ Phone: _____

Classes "DO NOT" Roll Over

CONFIDENTIAL

Has there been a history of medical problems? No _____ Yes _____

If so, and they could be relevant to the instruction of the student, please indicate below:

Does the student use prescription medication, or have asthma? _____

Please list any medications or allergies: _____

LEGAL CLAUSE RELEASING LIABILITY

I understand that neither the San Diego Ballet School, San Diego Ballet, Dorothea Laub Dance Place San Diego, the Owner, the Director, the Instructor(s) nor any of their employees or volunteers, will be held responsible or liable for any injury, accident, COVID-19 related illness or damages that may occur on these premises. Approving to this condition includes incidents experienced within the building and, or outside the Dorothea Laub Dance Place San Diego building, as well as at off-site theaters, schools, or other locations.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE POLICIES & LIABILITY RELEASE

Signature: _____ Date _____

Printed Name: _____ Relation to Participant: _____