



San Diego Ballet School

2024-25 STUDENT REGISTRATION FORM

Print Student Name: _____ Level Assigned: _____

Home Address: _____ City: _____ Zip: _____

Primary Email: _____ (PRINT CLEARLY)

Alt. Email: _____ (PRINT CLEARLY)

Current Age: _____ DOB: _____ Academic School: _____ Grade: _____

Parent/Guardians - Name: _____ Name: _____

Primary Contact - Name: _____ Cell Phone: _____

Secondary Contact - Name: _____ Cell Phone: _____

Student's Home Phone #: _____ Student's Cell Phone#: _____

Parent/Guardian's Employers: _____

In Case of Emergency please notify:

Name/Relation: _____ Phone: _____

Former training at: _____ Location: _____

Year instruction commenced: _____ Amount of weekly classes/hrs: _____

Number of classes per week: _____ Reason for transfer: _____

How did you hear about us? _____

Have you attended any of San Diego Ballet's professional performances? _____

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: _____

Please list any asthma or allergies: _____

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LEGAL CLAUSE RELEASING LIABILITY -

If a student is a minor this waiver MUST be signed by their legal guardian. 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 also release liability for any photos/videos taken for SDBS & SDB promotions or marketing purposes.

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

Signature: _____ Date _____

Printed Name: _____ Relation to Participant: _____