



# San Diego Ballet School

## 2025-26 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: \_\_\_\_\_