



The Ballet Alliance Summer Project Registration Form

Please email form to TBASummerProject@gmail.com by June 1, 2022

ALL PARTICIPANTS MUST BE FULLY VACCINATED FOR COVID19-OR SHOW PROOF OF NEGATIVE TEST 48 HOURS PRIOR TO FIRST DAY OF PROJECT. PLEASE SEE WEBSITE FOR COVID PROCEDURES

Save this file to your computer, re-open & fill out save again, email back. Apple user open file in Adobe reader (if you don't the form will come back blank)

Participant Name: _____ Gender: _____ Birthdate: _____ Age: _____

TBA Company: _____

REGISTRATION TYPE: Project Dancer _____ Apprentice Dancer _____ Choreographer _____

Participant email: _____ Participant Cell #: _____

Participant medical insurance co: _____ Policy #: _____

Parent/Guardian name(s): _____

Parent/Guardian telephone numbers: _____

Parent/Guardian mailing address: _____

Other emergency contact name: _____ Relationship: _____

Emergency contact phone #: _____

Allergies/medical conditions: _____

Dietary restrictions or food allergies: _____

Date of last tetanus shot: _____ COVID-19 Vaccinated: _____

Is there any other information you feel we need to know:

HOTEL ACCOMODATION

Out of town choreographers will be housed 2 to a room. Dancers may be housed up to 4 to a room.

If you have a roommate preference put their name in the space provided _____

TRAVEL

Airport: San Francisco, CA (airport code is SFO)

Arrival Date is Sunday July 24th between 10 AM - 2 PM

Arrival Carrier: _____ Flight #: _____ Arrival Time: _____

Departure Date is Saturday August 6th between 6 AM - 11 AM

Departure Carrier: _____ Flight #: _____ Departure Time: _____

If you need to send your dancers as an unaccompanied minor please contact NCBC before booking flight. All choreographers and dancers will be met at baggage claim. SFO is a large airport, we will have signage to follow.

Participant Name: _____

TUITION & HOUSING	Participant Cost
Project Dancer Tuition & Housing \$1850 Full Scholarship ½ Scholarship TBA Members receive \$100 discount for a total of \$1750.	
Local Project Dancer Tuition only \$900 Full Scholarship ½ Scholarship	
Choreographer Tuition & Housing \$1950 Full Scholarship ½ Scholarship TBA Members receive \$100 discount for a total of \$1850.	
Local Choreographer Tuition Only \$1000 Full Scholarship ½ Scholarship	
Apprentice Dancer Tuition & Housing \$1750 Dancers must have approval from TBA Director	
Local Apprentice Dancer Tuition Only \$900 Dancers must have approval from TBA Director	
One Week Project Dancers (7/24-7/31 only) Tuition & Housing \$1050 TBA Members receive \$100 discount for a total of \$950	
One Week Local Project Dancers (7/24-7/31 only) Tuition Only \$500	
Limited single occupancy available @ \$3000* (Tuition & Single Room Housing) *Scholarships are based on above costs. Participants will be responsible for remaining balance	
Transportation Fee (does not apply to local dancers) \$60	
Deposit of \$500 due June 1, 2022 Remaining balance due July 1, 2022	

Checks payable to **The Ballet Alliance**
 Mail: The Ballet Alliance c/o North Coast Ballet California 1372 No. McDowell Blvd. Ste. H, Petaluma, CA 94954
 Email form to: TBASummerProject@gmail.com and mail check to the above address.

INSURANCE CARD: please email a copy of both sides of participant's insurance card to North Coast Ballet California at TBASummerProject@gmail.com.

Participants will need to bring 4-5 covid-19 home test with them. Testing will be done every 3 to 4 days.

Use of Name and Likeness: I hereby grant permission to The Ballet Alliance for photos or videos (including of which I am the subject) to be published, reproduced and distributed in ways that include, but are not limited to: distributed to participants, used for marketing and promotional purposes, used for fundraising proposals, used for print or The Ballet Alliance website publication or social media forum. I understand that my image may not be credited.

Indemnity/Hold Harmless Agreement: I agree to indemnify and hold harmless and defend The Ballet Alliance and North Coast Ballet California, its sponsor organizations, agents, officers, and employees from and against any and all suits, action, claims and expenses including attorney fees by reason of the liability imposed by law upon The Ballet Alliance & North Coast Ballet California, except in cases of its sole negligence, for damage because of bodily injury, including death resulting therefrom, sustained by and person or persons, or on account of damage to property arising out of this agreement.

Parent/Guardian Permission: I hereby give permission for the above-named minor to attend the upcoming Ballet Alliance Summer Project. I give permission for any staff member of North Coast Ballet California to sign the minor into the hospital to receive medical facilities.

By typing my name into the boxes, I agree to the above policies.

PARTICIPANT SIGNATURE: _____ Date: _____

SIGNATURE OF PARENT OR GUARDIAN OR OVER 21 YEAR OF AGE PARTICIPANT: _____ Date: _____