



# The Ballet Alliance Summer Project 2023 Registration Form

Session 2: June 26 - July 14, Monday/ Thursday 3:15 PM - 4:45 PM Pacific

**Please email to: TBASummerProject@gmail.com by June 1, 2023**

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

Participant Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

TBA company: \_\_\_\_\_

Participant Email: \_\_\_\_\_

Participant Mobile #: \_\_\_\_\_

Parent information required if under 18 years of age.

Parent or Guardian Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Mobile #(s): \_\_\_\_\_

Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

<b>Summer Project 2023 - A Virtual Choreography intensive with Eva Stone</b>	<b>Tuition</b>	<b>choose one</b>
Session 2 - Intro to and Intermediate Choreography June 26 July 14 Monday / Thursday 3:15Pp - 4:45pm Pacific Time	\$350	
Session 2 - Early Bird Rate Registration forms received by 5/15/2023	\$300	
Session 2 - Audit Only Observe lectures but won't interact or receive feedback on Choreography from Eva Stone	\$150	
<b>MAX 12 PARTICIPANTS PER SESSION.</b> Once registration has been received, TBASummerProject@gmail.com will send a ZOOM Link for the session.		

Total Due with Registration: \$ \_\_\_\_\_

Make checks payable to: **The Ballet Alliance**

Mail to: The Ballet Alliance c/o North Coast Ballet California

1372 N. McDowell Blvd. Ste. H, Petaluma, CA 94954

Email form to: TBASummerProject@gmail.com and mail check to above address.

**MEDICAL CONSENT ~**

In the event of injury, I hereby authorize the program officials of The Ballet Alliance to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release The Ballet Alliance and all others from all liability in taking such action, including all action which maybe contrary to personal religious beliefs. I, the undersigned, have read this Release and Consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

**LIABILITY RELEASE ~**

I do hereby agree to release The Ballet Alliance and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injures or property damages that may be sustained as a result of participation in this program.

**PHOTO RELEASE ~**

I, the undersigned, hereby give The Ballet Alliance, its agents, and/or assignees permission to use the photographs, videos or any reproductions of my physical likeness taken of me in any manner it deems proper. I relinquish all rights, title, and interest I may have in the finished pictures, negative, and copies. I waive the right of prior approval and hereby release The Ballet Alliance, its agents, and/or assignees from any and all claims from damage of any and all kinds based on the use of said material. I hereby warrant that I am a parent or legal guardian of the subject of photography who is under eighteen years of age, and am competent to act in his/her behalf insofar as the above is concerned.

SIGNATURE OF MINOR: \_\_\_\_\_  
Please type name above

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_  
Please type name above

DATE: \_\_\_\_\_

