



The Ballet Alliance Summer Project 2024 Registration Form

Session 1: June 25 - July 16, Tue/Thu 4:45 - 6:15 PM Pacific (No meeting Thur 7/4)

Session 2: July 5 - August 9, Fri 11:00 AM - 12:30 PM Pacific

Session 3: July 16 - August 1, Tue/Thu 9:30 - 11:00 AM Pacific

Please email to: TBASummerProject@gmail.com by June 1, 2024

Save this file to your computer, re-open & fill out save again, email back. Apple users 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 participant is under 18 years of age.

Parent or Guardian Name(s): _____

Relationship: _____

Mobile #(s): _____

Address: _____

City / State: _____ Zip: _____

Parent/Guardian Email: _____

Summer Project 2024 - A Virtual Choreography intensive with Eva Stone	Tuition	choose one
Session 1 - Choreography Workshop June 25 - July 16 (No meeting on Thu 7/4), Tue/Thu 4:45 - 6:15 PM Pacific	\$350	
Session 2 - Choreography Workshop July 5 - August 9, Fri 11:00 AM - 12:30 PM Pacific	\$350	
Session 3 - Choreography Workshop July 16 - August 1, Tue/Thu 9:30 - 11:00 AM Pacific	\$350	
Minimum 5 participants required to hold each session TBASummerProject@gmail.com will send a ZOOM Link for the session one week before the session starts.		

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: _____

