

Ballet  
Jazz  
Modern

Albemarle Ballet Theatre

# Albemarle Ballet Theatre

## THIS COUPON ENTITLES THE BEARER TO ONE FREE CLASS

One class per person maximum. Free classes must be pre-approved by the director. Please call or stop by to schedule your free class. Students under 18 require written permission from their parent or legal guardian. Current and previous ABT students are not eligible.

Albemarle Ballet Theatre • 5798 Three Notched Road • Crozet VA 22932  
434.823.8888 • [www.aBallet.org](http://www.aBallet.org) • [Dance@aBallet.org](mailto:Dance@aBallet.org)

### Albemarle Ballet Theatre, Inc.

P.O. Box 805 • Crozet, Virginia, 22932 • (434) 823-8888 • [Dance@aBallet.org](mailto:Dance@aBallet.org) • [www.aBallet.org](http://www.aBallet.org)

#### FREE CLASS REGISTRATION FORM

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One parent or legal guardian signature is required if student is under 18 Years old.

Student's Name:	Home Phone:	Student Email Address:
Home Address 1:	Student Cell:	Date of Birth:
Home Address 2:	Academic School:	Grade:
City:	State:	Grade:
Zip Code:	Previous Training:	
Father, Legal Guardian, Myself:	Date:	Parent/Guardian:
		Business Phone:
		Cell Phone:
		Email Address:
Print Above	Sign Above	Emergency:
Mother or Legal Guardian Name	Date:	Doctor Phone:

I have read and agree to all of ABT's policies, rules, terms, and conditions, including the "PARENT GUARDIAN STUDENT WAIVERS."

#### PARENT • GUARDIAN • STUDENT WAIVERS

**Liability Release:** I hereby certify that my child is in normal health and capable of participating safely in Albemarle Ballet Theatre's programs. I will notify Albemarle Ballet Theatre if the participant has any health problems. I am aware that dance training and the associated athletic exercises therein may place unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume all risks and hazards incidental to the conduct of the program.

**Medical Release.** In the event I cannot be reached, I hereby give my permission to the management, faculty, staff of Albemarle Ballet Theatre to authorize any emergency medical care that may be required by the above student during their participation in classes, performances, or any related Dance Theatre event. This authorization extends through the current school year or until the student is no longer enrolled at Albemarle Ballet Theatre, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.