



# The Ballet Alliance Summer Project Registration Form

Please email to [jacquelinecolledge@aol.com](mailto:jacquelinecolledge@aol.com) by June 1, 2020

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:	M or F	Birthdate:	Age:
COMPANY:			
Registration Type:	Choreographer	Dancer	
Participant e-mail address:		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 telephone numbers:			
Allergies/medical conditions:			
Dietary restrictions or food allergies:			
Date of last tetanus shot:			
<b>HOTEL ACCOMMODATION</b>			
Out of town Choreographers & Male dancers will be housed 2 to a room. Female dancers will be housed 4 to a room If you have a room mate preference put their name in the space provided			
<b>TRAVEL - Airport Salt Lake City,UT (airport code is SLC)</b>			
Arrival Date is Sunday July 26th between 12pm - 4pm			
Arrival Carrier	Flight #	Arrival Time	
Departure Date is Friday August 7th 6am - 11am			
Departure Carrier	Flight #	Departure Time	
If you need to send your dancers as a unaccompanied minor please contact Utah Met Ballet II before booking flight. All choreographers and dancers will be met at baggage claim.			
Is there any other information you feel we need to know:			

PARTICIPANT NAME:

M or F

Birthdate:

Age:

<b>TUITION &amp; HOUSING</b>				Participant cost
<b>Out of town Choreographer:- Tuition &amp; Housing</b>				
\$1800.00	Full scholarship	2/3 scholarship	Paying in full	
Local Choreographer Tuition				
\$900.00	Full scholarship	2/3 scholarship	Paying in full	
<b>Out of town Dancer :- Tuition &amp; Housing</b>				
\$1500.00	Full scholarship	1/4 scholarship	Paying in full	
Local Dancer Tuition				
\$900.00	Full scholarship	1/4 scholarship	Paying in full	
Non TBA member no Housing		\$1800		
Non TBA member with Housing		\$2100		
Deposit of \$500 Due June 1st 2020				
Balance Due July 1st 2020				
Check payable to <b>The Ballet Alliance</b> Mail: The Ballet Alliance c/o Utah Metropolitan Ballet 493 No. 1030 W. Lindon, UT 84042 email form to: jacquelinecolledge@aol.com and mail check to the above address.				

**INSURANCE CARD**

please email a copy of both sides of the participants insurance card to Utah Metropolitan Ballet at jacquelinecolledge@aol.com

**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 Utah Metropolitan Ballet, 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 and Utah Metropolitan Ballet, 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 Utah Metropolitan Ballet to sign the minor into the hospital to receive medical facilities.

Please type names in the box below

SIGNATURE OF MINOR

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