



OMNIA PRO CHRISTO

### Dance Program Registration

(Multiple students may be registered on the same form.)

Please submit your family's annual Ballet Registration Fee with this form if it has not already been paid:  
\$25 per family per year.

For the classes being offered and the tuition for each, please see:  
<http://sites.google.com/a/riverwoodclassical.org/ballet/home>

***Please complete one line per child being registered.***

*If you are unsure of which class to register for, please contact the teacher at [ballet@omniaclassical.org](mailto:ballet@omniaclassical.org).*

<i>Full Name</i>	<i>Birthdate &amp; Age</i>	<i>Previous Ballet School &amp; Experience (Yrs)</i>	<i>Class &amp; Time</i>

Parent's/Guardian's Name (s) \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (mother) \_\_\_\_\_

Cell Phone (father) \_\_\_\_\_ Additional Phone \_\_\_\_\_

Employer(s) & Work Phone(s) \_\_\_\_\_

Email Address \_\_\_\_\_

I, the undersigned parent or guardian, understand that by registering my child or children for this class I am assuming responsibility for payment of the annual registration fee and the published tuition for this class for every month during which my child attends any class. I also am agreeing, for myself and my child or children, to abide by the published school policies.

\_\_\_\_\_  
Signature of Parent/Guardian Date

*Please return this form with the registration fee to:*

Omnia Classical School • 14611 Old Greensboro Rd. • Tuscaloosa, AL 35405  
205-752-1284 (phone) • [ballet@omniaclassical.org](mailto:ballet@omniaclassical.org)

Participation and Medical Release Form

(This form may be completed to apply to multiple students so long as all of the students share the same doctor, insurance policy, and emergency contact information. If any of this information differs, please fill out a separate form for each student.)

The information, authorizations, and releases in this form all apply to the following student(s):

\_\_\_\_\_.

Medical Information

It is important for the teacher and school to be made aware of any special medical needs of a student. Therefore, please list your child's or children's physical, medical, or behavior conditions on the following lines. Please include any allergies. If no such conditions exist, please write "None" on one of the following lines. If this form is being completed for multiple students, please indicate the student to whom each condition applies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Authorization

I, the undersigned parent or guardian, hereby give permission to Omnia Classical School or any representative thereof permission to transport my child, named above, to a doctor or hospital and to seek medical care for my child in the event of emergency due to illness or injury.

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. and Policy No.: \_\_\_\_\_

Emergency Contacts (only if no listed parent is available)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Release from Liability

In consideration of my child or children, named above, being allowed to participate in the classes and performances of the Omnia Classical School Ballet Program, I, the undersigned parent or guardian, hereby release Omnia Classical School and its employees and representatives from any and all liability for any loss or damage to myself or my child or children resulting from injury to the participant on account of participation in the Ballet Program. I acknowledge that this release from liability is intended to be as broad as may be permitted under the laws of the State of Alabama.

\_\_\_\_\_  
Signature of Parent/Guardian Date

Please return this form with the registration fee to:  
Omnia Classical School • 501 Rice Valley Road North • Tuscaloosa, AL 35406  
205-752-1284 (phone) • ballet@omniaclassical.org