NANCY DAVIS ARTISTIC DIRECTOR

THE PORTLAND BALLET

ACADEMY & YOUTH COMPANY

-For office use

Fee: _____
Initials: _____

In Dncesft:____
Card: _____

Open Ballet Registration Form

Date: _____

Registering for ***please circle:*** **OPEN BALLET** or **BEGINNING BALLET SERIES**

Dancer's Name: _____ Date of Birth: _____

Address:_____
Street City State Zip

Home Phone:(_____)_____ Dancer's Cell Phone:(_____)_____ Email Address: _____

If under 18, please fill out the information below:

Parent Names: 1)_____ 2)_____

Place of work: 1)_____ 2)_____

Work phone: 1)_____ 2)_____

Cell phone: 1)_____ 2)_____

Emergency contact:_____ Relationship: _____ Phone:(_____)_____

Medical Information

Health Plan/Insurance Company_____ Policy Number_____

Pertinent Medical Information (allergies, medications, etc.)_____

How did you hear about TPB? _____

RELEASE OF LIABILITY

I acknowledge that Dance instruction is strenuous physical activity involving the risk of physical injury and have taken all steps necessary to learn of any physical impairment(s) that would limit or affect my safe participation. I voluntarily assume all risks arising from my participation in Dance instruction and hereby release and waive all claims against The Portland Ballet, formerly known as Pacific Artists Dance Center/ Pacific Artists Ballet Theatre, Pacific Artists Foundation, Inc. (PAF), Nancy Davis Lane, any instructor contracted by TPB to provide Dance instruction and any and all of the other participants in class for any damages arising out of my instruction, demonstrations or performances. I further agree to hold harmless and indemnify The Portland Ballet, formerly known as Pacific Artists Dance Center/Pacific Artists Ballet Theatre, Pacific Artists Foundation, Inc. (PAF), Nancy Davis Lane, any instructor contracted by TPB to provide Dance instruction and any and all of the other participants in class from any loss, cost or expense, damage or injury arising from my participation in Dance instruction, demonstrations or performances.

I HAVE READ AND AGREE TO THIS RELEASE

Applicant's signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____
(if applicant is under 18 years of age)