

THE PORTLAND BALLET

ACADEMY & YOUTH COMPANY

-For office use

Fee: _____
Initials: _____
In Dncesft: _____
Card: _____

Registration Form

Date: _____ Registering for *please circle*:

OPEN ADULT BALLET

CREATIVE BALLET session: _____ CB day: _____ CB time: _____

SERIES name: _____

PRE-BALLET

CURRICULUM level: _____

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.) _____

Previous dance experience: Number of yrs _____ WHERE _____

Is registrant on Pointe: YES / NO If YES: number of years on Pointe & WHERE _____

Interested in performing in: La Boutique Fantasque Spring Recital Youth Company (must be 14+)

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)

For Staff Use

Audition #	Notes:	Final Placement: