NANCY DAVIS ARTISTIC DIRECTOR

THE PORTLAND BALLET

ACADEMY & YOUTH COMPANY

6250 SW Capitol Hwy ▫ Portland, OR 97201
503-452-8448
info@theportlandballet.org

MASTERS WORKSHOP APPLICATION FORM

This form must be accompanied by or include:	1. $20 Application Fee 2. A photocopy of medical insurance card (see Section C) 3. The appropriate signatures (see Section D)

Program Dates:
August 10th to August 23rd, 2009

Check the boxes that apply:
[ ] Residential Student
[ ] Non-residential (commuter student, Tuition only)

[ ] Male
[ ] Female

A. STUDENT INFORMATION

Name: Ms. /Mr. _____
LAST FIRST M.I.

Current Address _____

City _____ State _____ Zip code _____

Phone _____ E-mail (student) _____ E-mail (parent) _____

Age _____ Date of Birth _____ Place of Birth _____ Country of Citizenship _____

Height _____ Weight _____ Audition City _____

Permanent Address (if different) _____

City _____ State _____ Zip code _____

Send mail to permanent address (dates) _____

Parent/Guardian Name _____ Tel. No. Day _____ Eve _____

Parent/Guardian Name _____ Tel. No. Day _____ Eve _____

Guardian Address (if different) _____

City _____ State _____ Zip code _____

How did you hear about TPB's Masters Workshop? _____

What other summer dance programs have you attended? _____

B. EMERGENCY NOTIFICATION

Person(s) to be notified in case of emergency during the program. If under 18 years of age, please also give name and phone of your parent(s) or guardian(s).

Name _____ Relationship _____

-see reverse side-

Telephone (Day)_____ Telephone (Eve)_____

Parent/Guardian_____ Tel No Day_____ Eve_____

C. HEALTH INSURANCE

If you have health insurance, please fill out the following:

Health Insurance Policy Number_____ Group Number_____

Issued by_____

Name of Company

_____

Address and Phone of Company

Circle whether you are covered under a: family policy individual policy

ATTACH A COPY OF YOUR (or) YOUR GUARDIAN'S MEDICAL INSURANCE CARD, BOTH *FRONT AND BACK* SIDES, TO THIS FORM.
IN THE EVENT THAT YOU NEED MEDICAL CARE, THIS WILL EXPEDITE THE ADMINISTRATIVE PROCESS.

If you do not have health insurance, please fill out the following:

Due to the fact that we do not have medical insurance for_____

Applicant's Name *(print)*

We/I will assume all responsibility for payment(s) of medical treatment if an injury does occur while he/she is a student at The Portland Ballet Studios. The Portland Ballet will not be responsible for any medical costs.

_____

Parent or Guardian Name *(print)* Signature Date

D. SIGNATURES

The above information I have supplied is true and correct to the best of my knowledge: if any information is found to be false, it will be cause for my dismissal from the Masters Workshop. I understand that The Portland Ballet (TPB) reserves the right to dismiss any student for behavior it deems inappropriate at any time, thus forfeiting my tuition. I understand that if the faculty of TPB and supporting medical staff note a low body weight or drastic change in a student's body weight during the program, TPB reserves the right to make a determination as to the student's physical risk and subsequently limit the student's participation in the program. I will provide my birth certificate upon request.

I agree to pay the final tuition in full, and understand that I am not entitled to a refund if I choose not to attend the program. Refunds are granted only to those who do not attend the program because of a medical reason. To obtain a refund once the program has begun, TPB must receive signed documentation from a licensed physician stating the student is unable to continue participation in the program because of an injury. This documentation must be received at our 6250 SW Capitol Hwy office prior to the close of the session (August 23, 2008). Documentation sent after the program has ended will jeopardize a refund. All refunds will be issued at the end of the program.

I agree that I will not hold The Portland Ballet or any of its agents, any faculty member or any employee liable for injuries sustained or illness contracted or responsible for any article lost or stolen while I am a student of The Portland Ballet, except in the case of proven negligence, I agree to abide by the rules and regulations of this program.

I hereby irrevocably consent to and authorize the use and reproduction by The Portland Ballet of any and all photographs, recordings, video tapes, and/or other reproduction of likeness of the student's person or characteristics ("reproductions") which have been secured by or for TPB, for any purpose whatsoever, without compensation to the student. All reproductions shall constitute the property of TPB, or others authorized by it, to exhibit, broadcast, and/or distribute or otherwise further reproduce said reproductions in whole or in part in any medium whatsoever, including, without implied limitation, newsletters, magazines, radio, newspapers, closed circuit television, film, cable, and television, with or without compensation in perpetuity. I also release, discharge, and agree to hold harmless the producers or any persons, or entities acting under their permission or authority from any liability arising from the use of said reproductions. In addition to the above policy statements and waiver of liability, I, as parent or guardian of the applicant, understand that I will be contacted in the event of a medical emergency. An administrator of TPB or appointed representative will sign for care if I cannot be reached. I hereby authorize medical care under those circumstances. I shall indemnify, hold harmless, and defend TPB, its officers, boards, agents, servants, and employees except in the case of willful negligence or misconduct on their part against any and all claims, actions, or suits brought for damages or alleged damage, and from all liability, loss, and expense, including reasonable legal expenses, resulting from any injury to person or property from loss of life sustained by myself or my child while I or my child is a participant in TPB classes or activities or while on or about The Portland Ballet premises. I understand that in signing this Registration Form, I am agreeing to accept the guidelines of The Portland Ballet.

I have read and agree to the policy statements and waiver of liability.

_____

Signature of Applicant Date

_____

Signature of Parent or Guardian Date

Notice of Nondiscrimination: The Portland Ballet admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accepted or made available at the Studio.