

NANCY DAVIS ARTISTIC DIRECTOR

# THE PORTLAND BALLET

ACADEMY & YOUTH COMPANY

-For office use

Fee: \_\_\_\_\_  
Initials: \_\_\_\_\_  
In Dncesft: \_\_\_\_\_  
Card: \_\_\_\_\_

## YOUNG DANCER SUMMER Registration Form

Date: \_\_\_\_\_

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: