



Name: _____

Name / Parent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Sex: F M Date of Birth (mm/dd/yr): ____ / ____ / ____ Age: _____

Parent Signature: _____ Date: _____

KIDS DANCE! CLASSES	DATES	TIME	FEE
To be filled in by studio staff			
To be filled in by studio staff			
To be filled in by studio staff			
SAVE 10% on multiple classes!		Total	

Cheque (preferred) should be made out to Northwest Dance Project.
For those wanting to pay via credit card, please register in-person at the studio.

No refunds will be given, for any reason after start of first class. Cancellation fee: \$50

By signing below, I agree to the following waiver and release. I acknowledge that my child is physically fit and has no health, medical or physical problems that preclude participation in the activities of Northwest Dance Project (NWD). I understand and acknowledge these activities may require special conditioning and skills and involve risk that may include serious bodily injury, permanent disability, death, personal property damage, social or economic loss. I understand these risks may arise from any event(s), whether in or out of my control, and these risks may be unforeseeable or unknown to me at this time. I agree that it is my responsibility to examine and inspect each activity my child takes part in and it is my responsibility to take action to protect him/her from risk if I believe risk is inherent in the activity. I fully accept and assume all such risks and all responsibilities for losses, costs and damages that may occur as a result of my participation in these activities and agree that Northwest Dance Project is in no way liable for any risks incurred from participation in these activities. I hold harmless Northwest Dance Project, its faculty, employees, officers and agents from any liability, actions, cause of action, claims and demands of any and every kind which may arise from or in connection with my child's participation in these activities.

By signing below, I grant Northwest Dance Project permission to take still photographs and/or shoot video of any portion of any class my child may be a part of. These images will be copyrighted to Northwest Dance Project and can be used by the organization for any marketing or promotional purposes.

By signing below, I, the minor's parent and/or legal guardian agree that I understand the nature of Northwest Dance Project's activities and the minor's experience and capabilities and I believe the minor to be qualified to participate in such activities. I have read, understand and comply with the above and permit the minor to participate in the activities.

Parent/Guardian: _____ Date: _____

Northwest Dance Project Studio + Performance Center

Mail: PO Box 42488 / Portland OR 97242

Studio: 833 N. Shaver Street (at Mississippi Ave.) Portland OR 97227

p: 503.421.7434 email: info@nwdanceproject.org www.nwdanceproject.org

Northwest Dance Project is a registered 501(c)(3) not-for-profit organization