



# FALL 2017 YOUTH DANCE PROGRAM REGISTRATION FORM

Dancer Name \_\_\_\_\_ Gender F M

Age \_\_\_\_\_ Date of Birth (mm/dd/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Name 1 \_\_\_\_\_ 2 \_\_\_\_\_

Phone 1 \_\_\_\_\_ 2 \_\_\_\_\_

Email 1 \_\_\_\_\_ 2 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### CLASS SELECTION - Placement is at teacher's discretion.

Ballet \_\_\_\_\_ Days \_\_\_\_\_ Ballet 2-5 must enroll in all classes listed.

Contemporary Jazz \_\_\_\_\_ Days \_\_\_\_\_

Creative Movement \_\_\_\_\_ Days \_\_\_\_\_

Hip Hop \_\_\_\_\_ Days \_\_\_\_\_

**TOTAL TUITION \$ \_\_\_\_\_**

**YES**, I would like to donate \$10 to provide a dance class to a deserving youth in our community!

\$10 x \_\_\_\_\_ = \_\_\_\_\_

NOTES + PREVIOUS DANCE EXPERIENCE \_\_\_\_\_

**Prior to start of class, refunds will be given minus 30% of full program tuition.**

**No refunds, exchanges or credits will be given, for any reason, after start of first class.**

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 NW Dance Project. 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 hold harmless NW 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, the minor's parent and/or legal guardian, agree that I understand the nature of NW 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.

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

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### NW Dance Project

Mail: PO Box 42488 / Portland OR 97242

Studio: NW Dance Project Creative Center / 211 NE 10<sup>th</sup> Ave / Portland OR 97232

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

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