



ARTISTIC DIRECTOR
SARAH SLIPPER

YOUTH WINTER DANCE WEEK 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 _____

YOUTH WINTER DANCE WEEK

DEC 18 – DEC 22 / 2017

TUITION \$375 *\$50 Early Registration Discount before DEC 1 / 2017

Ages 9 to 12 / MON - FRI 10:00AM TO 2:00PM

Ages 13 to 18 / MON - FRI 2:00PM TO 6:00PM

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

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Studio: NW Dance Project Creative Center / 211 NE 10th 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