



STUDENT REGISTRATION FORM

SPRING Feb. 11, 2008– June 21, 2008

#(503)245.5269 / #(503)977.1753

MAKE SURE TO COMPLETE THE REVERSE SIDE OF THIS FORM

Please print clearly

Student Name _____
 _____ Last _____ First _____ M.I. _____
 Home Phone (____) _____ Date of Birth ____/____/____
 _____ M _____ D _____ Y
 Sex F ___ M ___ Age _____ Student as of Feb. 1st Phone(____) _____

E-Mail #1 _____
 E-Mail #2 _____

Home Address _____ Mother Work
 _____ Street Address _____ City _____ State _____ Zip _____ Phone(____) _____

Mother's Name _____ Father's Name _____ Father Work
 Phone(____) _____

 Mother's Street Address _____ City _____ State _____ Zip _____ Mother Mobile
 (____) _____

Father's Address if not the same as above:

 Father's Street Address _____ City _____ State _____ Zip _____ Father Mobile
 (____) _____

Academic School Student Attends _____ **Recital Participation**
 City _____ State _____ Zip _____ yes _____ no _____
 Class(s) enrolling in: _____

Previous Dance Training:
 Please list your most *recent* training first and include any special summer study.

Please list which classes you are enrolling in:

Please submit this Registration Form and a \$20 Registration Fee *prior* to attending classes for new students ONLY.

Send this application and any required attachments with registration fee to:

Portland Dance Academy
 4620 Beaverton Hillsdale Highway
 Portland. OR 97221

Web: www.pacificfestivalballet.org
 E-Mail: admin@pacificfestivalballet.org
 Fax #: (503)245.6573

STUDENT NAME: _____ **DATE** _____

Liability Release

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that Portland Dance Academy/Pacific Festival Ballet (PDA/PFB) shall not be liable in any way for injuries sustained during attendance at the dance school or any of its related functions. I understand that good dance training involves touching and adjustment of the student's body by the instructor.

Publicity Release

I hereby authorize Portland Dance Academy/Pacific Festival Ballet to record the student's picture and voice on photographs, films, and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio, or television broadcast programs. I also give my permission for PDA/PFB to use and license others to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation were made by PDA/PFB for such use.

Medical Release

In the event I cannot be reached, I hereby give my permission to the management, faculty, staff and chaperones of Portland Dance Academy/Pacific Festival Ballet to authorize any emergency medical care that may be required by the above student during participation in classes, performances, or any related PDA/PFB events. This authorization extends throughout the current academic year and throughout the summer or until the student is no longer enrolled at PDA/PFB, which comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Emergency Contact other than parent/guardian listed on the front of this form.

Name _____ Telephone (____) _____

Medical Insurance Information

***REQUIRED: PLEASE ATTACH A COPY OF THE INSURED'S INSURANCE CARD, FRONT & BACK**

Name of Insurance Company _____ Telephone (____) _____

Company

Address _____

Name Plan is Registered _____ S.S. # _____ - _____ - _____

Group Number _____ Identification Number _____ Employer _____

If Pre-authorization is required by your insurance plan, the phone number is (____) _____

Student Medical Agreement

Please list allergies to prescription drugs _____

Please list any medications that the student is currently taking _____

Please list any special medical conditions (past or present) of which PDA/PFB should be aware of _____

Tuition Payment Agreement

I agree to pay Portland Dance Academy/Pacific Festival Ballet for the dance instruction of the above student per the published tuition rates for the student's period of study. I understand that I can either set up a monthly withdrawal system by post-dated checks or by Visa/MasterCard, or pay for the full term. I understand that I will incur a \$20 fee for bounced checks.

I understand that payment of tuition entitles students to take all available classes scheduled at their level or below, and that no refunds are given for classes missed because of illness, vacation or school closings due to acts of God such as inclement weather.

I understand that tuition fees are **due on the first of each month or the first of each session**; that if payment has not been received by the 15th of the month or the 15th day from the beginning of a session a \$15 fee will be accrued.

I have read, understand, and agree to the Tuition Agreement, Liability Release, Publicity Release and Medical Release. Date _____

Signature of Person Responsible for Tuition Payment _____

Please Print Name of Person Responsible for Tuition Payment _____