



## REGISTRATION FORM

<p style="text-align: center;">Dancer's Information</p> <p>Name _____  <small>(Last) (First)</small></p> <p>Home Phone: _____ Cell Phone: _____</p> <p>Age: _____ Date of Birth: _____</p> <p>Class Level: _____ Day: _____ Time: _____</p> <p>Dance background/previous experience:          _____          _____          _____</p> <p>Father's Name: _____          Work Phone: _____          Employer: _____</p> <p>Mother's Name: _____          Work Phone: _____          Employer: _____</p> <p>Mailing Address:          _____          _____          _____</p> <p>Email Address (please print):          _____</p> <p>Persons authorized to pick up your child (other than parents listed):</p> <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> </ol> <p>How did you hear about Oregon Ballet Academy?</p> <p><input type="checkbox"/> Register Guard      <input type="checkbox"/> Web Site  <input type="checkbox"/> Phone Book      <input type="checkbox"/> Other Ad, Flyer  <input type="checkbox"/> Referred by: _____</p>	<p><b><u>Release of Liability</u></b></p> <p><i>The undersigned student or parent/guardian hereby consents to participation in the programs of OBA &amp; OBF. In consideration of my child's participation in such Activities, I do hereby waive, release and forever discharge OBA &amp; OBF and its employees, instructors, and staff from any and all responsibilities or liability for injuries or damages resulting from my or my child's participation in any activities. Furthermore, I agree to indemnify each of them from any loss, claim, damage, or expenses, including attorneys' fees and resulting from or arising out of any injury to any person or damage to property, caused by participation of Releaser in any activities at the OBA &amp; OBF.</i></p> <p><i>I further authorize OBA &amp; OBF to seek medical attention for my child, or myself if in the judgment of the staff members it should be necessary. In the event my child should require medical attention and/or treatment during the course of any Activities and after a reasonable attempt I cannot be contacted for the purpose of consenting to such treatment in a timely manner, I hereby give permission to any hospital, physician, and/or other appropriate health care provider selected by the staff members to undertake any form of medical treatment considered necessary or appropriate by such provider in such events.</i></p> <p><i>In addition, I agree to the use of my or my child's image or likeness in promotional materials including, but not limited to, brochures, newspaper articles, books, and/or television.</i></p> <p><b><u>Parent/Guardian Signature &amp; Date:</u></b>          _____</p>
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