

For office use only

LEVEL: _____

Date: _____ Paid: _____ Reg. Fee: _____

SCHOOL OF PORTLAND YOUTH BALLET

School of Portland Youth Ballet
7901 SW Cirrus Drive Suite 27-H

Returning Student: REGISTRATION FORM

Date _____

Student Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Age: _____ DOB: _____ Sex: F / M
MM/DD/YYYY

Phone: _____ Email: _____

Primary Adult: _____
Last First

Phone: _____ Email: _____

Second Adult: _____
Last First

Phone: _____ Email: _____

Student Dance Training History:

Previous SPYB Level: _____ Years at SPYB: _____

Medical Information

Health Plan/Insurance Company: _____ Policy No.: _____

Emergency Contact Information

(Primary & Second Adult listed on previous page will be contacted 1st)

Emergency Contact Name: _____ **Phone:** _____
(Other than adult(s) listed on previous page)

Doctor: _____ **Phone:** _____ **Ext:** _____

Does applicant have any special medical conditions or considerations?

I understand that every effort will be made to contact me, the contact person or doctor. If we cannot be reached, I give my consent for the emergency room physician to treat myself, my child or my family.

Signature _____ Date: _____

Release of Liability

I, the adult applicant or I, the parent or legal guardian of the enrolling student listed herein, hereby give approval of the applicant's participation in any and all Portland Youth Ballet programs and activities for which they are registered and assume the risks associated with those activities, and agree to pay tuition in a regular and timely fashion. I waive, release, absolve, indemnify and agree to hold harmless Portland Youth Ballet, and School of Portland Youth Ballet Inc., including its directors, faculty, contracted instructors, participants and persons involved in the operation of School of Portland Youth Ballet Inc. and Portland Youth Ballet Inc. for any claims, demands or causes of actions which are in any way connected with, or may arise from the participation of the applicant in these activities, including but not limited to any injury or other loss to named applicant or any member or guest of his/her family whether as a participant in the activities or as a spectator.

I also give permission for Portland Youth Ballet Inc. to take photos and/or video of me or my child to use for its website and for purposes of promoting the school and/or Company.

I agree to pay tuition in a timely fashion (payment plan payments due by the 5th of each month). PYB tuition can be paid by the term or a payment plan divided into 10 equal payments for the two terms. Students of PYB on payment plan MUST pay tuition payments for September through June. NO pro-rating or skipping weeks/months.

I HAVE READ AND AGREE TO THIS RELEASE AND PAYMENT COMMITMENT.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(If applicant is under 18 years of age)

Please include a **\$15.00 registration fee**
(20.00 for families) (Non-refundable)

Make checks payable to:
**SCHOOL OF PORTLAND
YOUTH BALLE**

School of Portland Youth Ballet
7901 SW Cirrus Drive Suite 27-H
Beaverton, OR 97008
www.pybdance.com (503) 914-8913