

# Portland Youth Ballet

**August Intensive**  
**July 31 Through August 11**

**Send to:**  
**7901 SW Cirrus Dr.**  
**Beaverton, OR 97008**

## APPLICATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
summer

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_

## PARENT or GUARDIAN

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Please list previous training beginning with most recent

School Name & Teacher	Yrs	City/State	# Classes per Week

**Once accepted into program, a \$100.00 non-refundable deposit will be required by May 31.**

**Junior Intensive** (10-12 yrs.) - \$550

**Senior Intensive** (13 yrs. And up\*) - \$700.00

*\*Must have at least two years of pointe to qualify for Senior Division*

Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

*If Student is under 18 yrs*

**Accepted applicants must fill out additional insurance/Emergency Contact Form.**

**Medical Information**

Health Plan/Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**Emergency Contact Information**

(Primary & Second Adult listed on previous page will be contacted 1<sup>st</sup>)

**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

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 HAVE READ AND AGREE TO THIS RELEASE.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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