

Program Auditioning For:

Date: _____

Dancer First & Last Name: _____

Birthdate: ____/____/____ Grade in School Next Year _____ Academic School Attending: _____

Address: _____ City/State/Zip: _____

Dancer Cell Phone: _____ Dancer Email: _____

Gender Preference: Male/Female Other Extracurricular Activities: _____

Guardian Name(s):(1) _____ (2) _____

Primary Billing Contact: select Guardian #1 or #2: _____

Place of Work: (1) _____ (2) _____

Primary phone: (1) _____ (2) _____

Email Address: (1) _____ (2) _____

Training: Studios/Workshops (# years/when):

Current: _____

Previous: _____

Is registrant en pointe? **Y / N** If yes, number of years/where: _____

Will you be participating in any other dance programs during the next school year? Y/N (circle one)

If yes, what program (including school related programs):

Please list any summer intensives you have attended/key teachers/scholarships received:

Please list performance experience:

Interested in performing in **(circle all that apply):** Holiday Production (November) / Academy Showcase (May) / Youth Company (by invitation) / Career Track (ages 14-22)

Will you be applying for a scholarship? **Y / N**

\$15 Application fee is due at the time of application to the financial aid assessment service, not on receipt of this form

Other pertinent medical information (allergies, medication, etc.) _____

Do you currently have health insurance? **Y / N**

How did you hear about TPB?: _____

PLEASE CONTINUE TO NEXT PAGE

Optional: As an organization funded by the Regional Arts and Culture Council, we are partnering with RACC and the City of Portland on a diversity initiative. We are asking for your support in moving this initiative forward. Please answer the following questions:

Racial/ethnic identity	<input type="checkbox"/> Latino or Hispanic
<input type="checkbox"/> African American or Black	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> African	<input type="checkbox"/> Native American or Alaska Native
<input type="checkbox"/> Arab	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Slavic
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> East Indian	<input type="checkbox"/> I respectfully decline to answer

What is your preferred language? _____

Required: RELEASE OF LIABILITY

I acknowledge that dance instruction is strenuous physical activity involving the risk of physical injury and have taken all steps necessary to learn of any physical impairment(s) that would limit or affect my safe participation. I voluntarily assume all risks arising from my participation in dance instruction and hereby release and waive all claims against The Portland Ballet (TPB), any instructor contracted by TPB to provide dance instruction, and any and all of the other participants in class for any damages arising out of my instruction, demonstrations, or performances. I further agree to hold harmless and indemnify The Portland Ballet, any instructor contracted by TPB to provide dance instruction, and any and all of the other participants in class from any loss, cost, or expense, damage or injury arising from my participation in dance instruction, demonstration, or performances.

PUBLICITY RELEASE AND HOLD HARMLESS

I hereby authorize and give full consent to The Portland Ballet to write, publish, and prepare articles, photographs, videotapes, or DVDs concerning my activities in connection with TPB. TPB may use, or cause to be used, these articles, photographs, videos or DVS for any and all exhibitions, public displays, commercial art for advertising purposes, without limitation, reservation or compensation.

I specifically waive and relinquish any and all rights to videotaping and sound recordings of my activities described above with full knowledge videotaping may subsequently be distributed for showing to the public, and I further waive and relinquish any and all rights with respect to such distribution and showing.

I agree to hold TPB and its agents free and harmless from all liabilities resulting from their active or passive negligence, but not from willful negligence, causing injury to me or to my property.

I HAVE READ AND AGREE TO THIS RELEASE

Applicant's signature _____ Date: _____

Parent/Guardian signature _____ Date: _____

(if applicant is under 18 years of age)