

PACIFIC BALLET

SUZANNE LUNDBERG, ARTISTIC DIRECTOR

STUDENT ENROLLMENT 2017 – 2018

Student Enrollment Information					
Student Name:			Age:	Date of birth:	
Current address:			City:	State:	ZIP:
E-mail:	Phone – Day:	Evening:		Cell:	
Academic School:				Grade:	
How did you hear about Pacific Ballet?					
Years of ballet training:			Previous dance studios:		
Other forms of dance studied:					
Parent/Guardian Contact Information					
Parent/Guardian:			Parent/Guardian:		
Phone – Day:	Evening:		Phone – Day:	Evening:	
Cell:	Email:		Cell:	Email:	
Address if different from above:			Address if different from above:		
Emergency Contact & Information					
Emergency Contact: <i>(not listed above)</i>			Relationship:		
Phone – Day:	Evening:		Cell:		
Physician:	Phone:	Medical Insurance:		Policy#	
Disabilities, allergies or chronic injuries:					
Waiver of Liability/Informed Consent Agreement/Medical Release					
<p>I, as a student or parent of a minor student, am aware that participation in a sport, dance, or physical exercise may result in accident or injury (including but not limited to cuts, sprains, broken bones and/or catastrophic injury), and assume the risk connected with the participation in a sport, dance, or exercise and represent that I or my child/children to be in good health and suffer from no physical impairment which would limit the ability of participation at <i>Pacific Ballet's</i> facilities or classes. I specifically agree that <i>Pacific Ballet</i>, its officers, employees, sublease teachers, contractors and agents shall not be liable for any claim, demand cause of action of any kind whatsoever for or on account of death, personal injury, property damage or loss of any kind resulting from or related to the use of the facilities or participation in any class or activity within or without the studio premises, and agree to hold <i>Pacific Ballet LLC</i> and Jenifer Ross, e al (property owner) harmless from the same.</p> <p>I hereby affirm that I have read and fully understand the above. I warrant the above information is complete and correct. I also warrant that if any changes are made to my information, I will contact the staff to update my information. I have completely read and understand the above release information. I hereby authorize the director of <i>Pacific Ballet</i> tor their agent to act in my behalf to provide emergency medical treatment. I further release <i>Pacific Ballet</i> of all liabilities associated with my child's attendance to any class, rehearsal, performance, or competition.</p> <p><i>Initial</i> _____</p>					
Release of Name and Likeness					
<p>I hereby authorize Pacific Ballet to use the name and/or likeness of the above named student in any and all publications, educational materials, advertising, news media, grant applications, and website materials. I understand and agree that such materials, including all negatives, positives, digital images, and prints including videotape, DVDs and remain the shall become sole property of Pacific Ballet and I shall have no right or title to such items. I agree that Pacific Ballet does not owe me any compensation and understand that these materials may be kept on file and used by Pacific Ballet for potential future purposes and further agree to release the Pacific Ballet from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials.</p> <p><i>Initial</i> _____</p>					
Signature:				Date:	