

THE PORTLAND

NANCY DAVIS ARTISTIC DIRECTOR

BALLET

Program Auditioning for:

- Career Track (February - June 2023, Ages 14-22)
- Curriculum Ballet (February - June 2023, Ages 6-18)
- Summer Ballet Intensive (July 3-29 2023, Ages 11-18)

Date: _____

Dancer First & Last Name: _____

Birthdate: _____/_____/_____ 2022-23 Year in School _____ Academic School
Attending: _____

Address: _____ City/State/Zip: _____

Dancer Cell Phone: _____ Dancer
Email: _____

Gender Identity and Pronouns: _____

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 (number of years/when):

Current: _____

Previous: _____

Number of years en pointe: _____

Will you be participating in any other dance programs for the 2022-23 school year? Yes No

PLEASE CONTINUE ONTO THE NEXT PAGE...

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

Please list any summer intensives (including years) you have attended/key teachers/scholarships received:

Please list performance experience:

Will you be applying for a scholarship? Yes No

\$55 Application fee is due at the time of application to the financial aid assessment service, not on receipt of this form. If the application fee is a barrier, please email registration@theportlandballet.org for more information.

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

Do you currently have health insurance? Yes No

How did you hear about

TPB?: _____

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"/> Latinx/Latina/Latino
<input type="checkbox"/> African American or Black	<input type="checkbox"/> Multi---racial
<input type="checkbox"/> Asian	<input type="checkbox"/> Native American or Alaska Native
<input type="checkbox"/> White/Caucasian/European	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> I respectfully decline to answer	<input type="checkbox"/> Other (Please specify)

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, including website, email and social media platforms, 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)

PLEASE CONTINUE ONTO THE NEXT PAGE...

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2022-23 Year Audition

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- Curriculum Ballet (February - June 2023, Ages 6-18)
- Summer Ballet Intensive (July 3-29 2023, Ages 11-18)

Name: _____ Age: _____ Birthdate: ____/____/____

2022-23 Year in school: _____ Academic School
Attending: _____

Current Studio: _____

Number of years of ballet training: _____ Number of years en pointe (if applicable): _____

2021 Summer Program(s) Attended:

Will you be participating in any other dance programs for the 2022-23 school year? Yes No

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

Will you be applying for a scholarship? Yes No

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For TPB Staff only

Audition #

Audition Notes:

Placement/ Alignment	
Turnout	
Legs & Feet	
Pirouettes	
Allegro	
Pointe	
Final Placement & Additional Notes	

Release of Liability

NOTICE: Read this document carefully and in entirety. By signing this notice, you are acknowledging and accepting the risk of personal injury or property damage resulting from your child(ren)'s participation in The Portland Ballet Programs.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in TPB activities comes with inherent risks. I understand the inherent risks associated with participation in TPB activities, including but not limited to slips, trips, and falls, athletic injuries, and illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with TPB program participation.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in TPB programs or accessing facilities on the TPB campus could increase the risk of contracting COVID-19. Signing this form acknowledges that the undersigned parent has been made aware of these risks.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of TPB facilities and participation in TPB programs, and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in these programs. I further certify that I am legally competent and authorized to sign this agreement on behalf of myself and my minor child(ren).

Name(s) of minor child(ren): _____

DATED this _____ day of _____, 2022.

Parent Signature (if Dancer is under 18) or Dancer Signature (if Dancer is 18+)

Dancer Name (Print Clearly)