

OPEN COMMUNITY CLASSES ENROLLMENT PACKET Adults and Seniors

Updated May 18, 2017

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS AND PAGES.

Name: _____ Today's Date: _____

Birth Date: _____ Age: _____ Please check: Male Female
(MM/DD/YYYY)

Address: _____ Parish: _____
(Street) (City) (State) (Zip)

Cell Number: - - Home/Other: - -

NOBA may occasionally send text messages with important announcements (standard text messaging rates apply).

E-mail:

NOBA relies on email to send announcements and important information to participants. Please check your inbox often!

Emergency Contact: _____ Relation: _____

Phone: - -

How did you hear about our program? Click all that apply.

- Flyer
- Facebook
- NORDC
- NOBA Website
- Friend/Word-of-Mouth
- Doctor/Physician
- Other: _____

Have you attended anything with NOBA Before?

If Yes, please tell us what:

- Senior Dance Fitness Program
- Adult Community Class
- Main Stage Performance
- Youth/Student Performance
- Other _____

FACULTY/STAFF USE ONLY Current: _____ New: _____ Instructor Signature: _____ Date: _____

Senior Dance Fitness Program Site(s):

Other Site(s) and Program(s):



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MEDICAL RELEASE
(MUST BE SIGNED AT BOTTOM)

Participant Name (please print): _____

I declare that the above named participant is of sound physical condition for instruction and training in dance or exercise classes, making no declaration to the contrary to the New Orleans Ballet Association (NOBA), the New Orleans Recreation Development Commission (NORDC), its partners, instructors, staff, board of directors, landlords, and insurance companies. I will provide notification to NOBA and NORDC of any applicable allergies or medication requirements. I understand that the nature of dance instruction requires minimal touching of limbs and torso to demonstrate appropriate technique. I grant permission for the above named participant to take part and travel to/from the activities as indicated by written schedule distributed to us prior to the event.

I understand that adequate and appropriate supervision will be provided for all activities. I recognize that unexpected situations and problems can arise which are not in the control of the supervising party (including volunteers). I agree to release, indemnify, and hold harmless the New Orleans Ballet Association and the New Orleans Recreation Development Commission, their partners, instructors, staff, board of directors, landlords, agents, officers, employees, volunteers, and insurance companies from any and all liability, claims, suits, demands, judgments, costs, interest, and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the participant and the costs of medical services.

In the event of an injury requiring medical attention, I grant permission to the supervising party (including volunteers) to attend to me. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. I give my permission to the supervising party (including volunteers) to take me to the physician, dentist, or hospital if necessary and I cannot be located.

Please list any health conditions, physical limitations or disability, medications, or allergies applicable to the above named participant:

Participant Signature **Date**



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MEDIA RELEASE
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Participant Name (please print)

I give NOBA and its partners the absolute right and permission, without compensation, to use my photograph or videography in promotional materials and publicity efforts. I understand that the photographs may be released to the local newspaper and other publications, as well as direct-mail, electronic media, broadcast and other forms of promotion. We further release the NOBA photographer, NOBA partner photographers, and their agents from liability for any violation of any personal or proprietary right we may have in connection with such use.

Participant Signature: _____ **Date:** _____

2017 – 2018 DEMOGRAPHIC QUESTIONNAIRE

Help keep our dance classes free!

This tuition-free program is funded entirely by grants and contributions.

These grantors and contributors require the following information for **all** participants; we ask that you **fully** complete this questionnaire.

➤ **Household Size: number of people living in your household**

Household means all person(s) who occupy a housing unit. The occupants may be single family, one person living alone, two or more families living together, or any other group of related or unrelated person who share living arrangement.

❖ Number Adults (ages 18+) in Household: _____

❖ Number Youth (under age 18) in Household: _____

➤ **Gross Income and Ethnicity**

(check the box that most accurately describes your household):

GROSS INCOME

- Under \$16,000
- \$16,000 – \$20,100
- \$20,100 – \$ 24,250
- \$24,250 – \$28,500
- \$28,500 – \$32,750
- \$32,750 – \$36,750
- \$36,750 – \$41,000
- \$41,000 – \$60,000
- Over \$60,000

ETHNICITY: Check one that best applies to participant

- Black / African-American
- White / Caucasian
- Hispanic / Latino
- Asian
- American Indian / Alaskan Native
- Pacific Islander / Native Hawaiian
- Other _____

➤ **Marital Status**

- Single Married/Domestic Partner Separated/Divorced Widowed