



New Orleans Ballet Association
 226 Carondelet, 3rd Floor
 New Orleans, LA 70130
 504.522.0996 ext. 213
 504.595.8454 fax
 mwhite@nobadance.com

SPRING 2012 ENROLLMENT PACKET

NORDC/NOBA CENTER FOR DANCE SENIOR PROGRAM

Name: _____ Today's Date: _____

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

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

Home Phone: _____ Work Phone: _____ Cell/Other: _____

Emergency Contact: _____ Phone: _____

E-mail Address: _____

Last 4 digits of Social Security #: _____

How did you hear about our program?

Check boxes below to receive communications from NOBA (*you may cancel participation at any time*):

I would like to receive the NOBA Education newsletter and other important emails at the following email address(s):

 I would like to receive text message alerts at the following cell phone number(s) (*standard text messaging rates apply*):

FACULTY/OFFICE USE ONLY

Center(s): Behrman NORDC St. Bernard NORDC

Class/Classes: Stretching Cardio

Day(s)/Time(s): _____

Instructor Signature: _____ Date: _____



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**Permission Form
 Media, Physical Release, Medical and Transportation for Activities**

I _____, understand the nature and purpose of the training and any trips being planned. I declare that I am of sound physical condition for instruction and training in dance or exercise classes, making no declaration to the contrary to the New Orleans Recreational Development Commission (NORDC) or the New Orleans Ballet Association (NOBA). I am willing participate 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 and hold harmless the New Orleans Ballet Association, New Orleans Recreation Development Commission, their agents, officers, employees, and volunteers, 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 me 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 my emergency numbers 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. Please list the name, address and phone number of your family physician or preferred hospital below. Your signature is our authorization to call your physician to render necessary emergency treatment if there should be a serious illness or accident, and we are unable to contact spouse. If you or your physician cannot be reached, it is our authorization to seek medical help and assistance at the closest hospital.

Physician _____ Phone _____

Preferred Hospital _____

Please list any of your health conditions and medications we should be aware of:

I give the NORDC/NOBA Center For Dance the absolute right and permission to use by myself in any photograph or videography in promotional materials and publicity efforts. I understand that the photographs may be released to the local newspaper and may be used in other publications, as printed as, direct-mail, electronic media, or other forms of promotion. I further release the NORDC/NOBA Center For Dance, photographer, and their agents from liability for any violation of any personal or proprietary right we may have in connection with such use.

Signature _____

Date _____