



## Louisville Ballet School **PALS**

### *"Dance to Your Heart's Content" Parents' Night Out Event*

*Come in your pajamas and enjoy an evening of dancing, games, crafts, food and fun*

from 6:30 pm until 10:00 pm on Saturday, February 13, 2010

at the St. Matthews Studios (4121 Shelbyville Road, 893-3700)

**Registration is due by February 6, 2010.**

#### REGISTRANT(S)

1. Registrant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Does this student currently take classes at the LBS? ( ) Yes ( ) No If yes, what level? \_\_\_\_\_

2. Registrant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Does this student currently take classes at the LBS? ( ) Yes ( ) No If yes, what level? \_\_\_\_\_

3. Registrant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Does this student currently take classes at the LBS? ( ) Yes ( ) No If yes, what level? \_\_\_\_\_

#### PRIMARY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship to Registrant: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION (Please list two in order they should be contacted.)

1. Name \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

2. Name \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

#### TERMS OF PARTICIPATION AND RELEASE

The undersigned or Guardian of Dancer hereby acknowledges reading and clearly understanding the rules and regulations, as stated below, involved with Dancer's participation for the PALS "Dance to your Heart's Content" Parents' Night Out Party fundraising event, located at the St. Matthews Studios, 4121 Shelbyville Rd., Louisville, KY 40207. For and in consideration of participation in the event aforementioned above, the Parent or Guardian of Dancer hereby fully, finally and forever releases and discharges and agrees to indemnify and hold harmless the Kentucky Dance Council, Inc. d/b/a Louisville Ballet Company (the "Louisville Ballet"), and its related entities of whatever kind or nature, successors, assigns, officers, directors, attorneys, agents and employees, from all liability regardless of the cause, claims, demands, actions, causes of action, damages, lawsuits and expenses of any and every kind or nature which Dancer and Parent or Guardian (individually and collectively), their attorneys, heirs, executors, administrators, and assigns may have or may in the future have against the Louisville Ballet, including, but not limited to, suits, contracts, controversies, agreements, promises, trespasses, damages, judgments, executions or any actions sounding in tort or contract or pursuant to any statute or regulations, whether direct or indirect, whether presently discoverable or undiscoverable, whether caused by the negligence of Louisville Ballet or any other person or entity in connection with any activity in which Dancer, Parent or Guardian (individually or collectively) participates during the period in which these events take place, including any period traveling to and from the events described. The undersigned Parent or Guardian hereby appoints Kentucky Dance Council to authorize unexpected medical care, and/or hospitalization for Dancer.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Insurance Policy No.: \_\_\_\_\_ Family Physician \_\_\_\_\_ Physician's Phone NO.: \_\_\_\_\_

Please list all relevant medical conditions *for each* registrant: \_\_\_\_\_

Does your child(ren) have any known food allergies? ( ) YES ( ) NO IF YES, PLEASE LIST WHAT THEY ARE ALLERGIC TO.

(Please be aware that food will be served at this event along with drink. If your child(ren) have special dietary needs, please communicate this to the parent chaperones.)

#### PAYMENT

( ) I am a PALS member. Please register the above child(ren) @\$15 per registrant for a TOTAL of: \$ \_\_\_\_\_

( ) I am NOT a PALS member. Please register the above child(ren) @\$20 per registrant for a TOTAL of: \$ \_\_\_\_\_

METHOD OF PAYMENT:  Cash  Check: # \_\_\_\_\_  Credit Card:  MasterCard  Visa  AmEx  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_