

Southern Oregon Youth Ballroom Competition 2021-2022

Participant Name: _____ **Phone:** _____ **Age:** _____

Email: _____ **City*:** _____ **Rural*:** Y N

Parent/Guardian Name: _____ **Ph:** _____ **Email:** _____

Partner #1's Name: _____ **Competition Category:**** _____

Partner #2's Name (if competing in 2nd category): _____ **Competition Category:**** _____

*Information collected for regional grant.

**Category/Categories for Competition — Register by age as of Sept. 1, 2021 or by grade:

AA All levels age 8-10 or grades 3-5 B Beginners age 13-17 or grade 9-12 D All levels age 18-25

A All levels age 10-13 or grade 5-8 C Intermediates age 13-17 or grade 9-12

Registering for:

October 16 Workshop 12:30-2:00 (AA and A); or 2-3:30 (B, C & D): \$10/person _____

October 23 Workshop 12:30-2:00 (AA and A); or 2-3:30 (B, C & D): \$10/person _____

October 30 Competition 2-5:00 \$10/pers. (AA, A, B); \$25/pers. (C, D): add \$5 for a 2nd category _____

Discount: Family: _____ or Other: _____ - _____

Total (Checks to Open Floor CBA): _____

Video Recording: The use of video is not allowed in class.

Current State Mandates will be enforced. We appreciate your understanding and cooperation.

Liability Waiver

I hereby certify that I am 18 years of age or older. If I am the parent or legal guardian of a participant who is under 18 years of age, I agree that the following provisions shall apply to that participation and agree to be fully bound by them. I understand that participation in the Youth Ballroom Competition program involves risks of physical injury. Participant is not affected by any physical condition or disability that would make participation unsafe. I understand that the teachers and organizers will not provide medical treatment, and I authorize them to arrange for any necessary transportation in the event of an accident or emergency.

For myself, my heirs, assigns or anyone who might claim on my behalf, I voluntarily assume all risks of participating in this activity and waive release and forever discharge any claim against the Open Floor Community Ballroom Association, the Evergreen Ballroom, LLC, the class venue, the instructors and sponsors against any claim, loss, liability or expense, including attorney fees, that may directly or indirectly result from participation in this activity, even though that liability may arise out of the negligence or carelessness of the persons or parties named in this waiver and release.

Participant Signature: _____ **Date:** _____

Parent/Legal Guardian Signature (if under 18): _____ **Date:** _____

Instructor Approval

I, _____, certify that the student listed above has shown a proficiency in the required syllabus for the preliminaries on October 30 and that s/he is familiar with the rules and procedures of the competition, including dress code.

Certified Open Floor CBA Instructor