

Southern Oregon Youth Ballroom Competition 2024-25

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

Participant Email: _____

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, 2024 or by grade:

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

A All levels age 10-13 or grade 5-8 C Intermediates age 13-17 or grade 9-12 YA Beginning age 18-25

Registering for:

September 21 Workshop 10:00-12:00: \$10/person _____

October 19 Workshop 10:00-12:00: \$10/person _____

November 16 Workshop 10:00-12:00: \$10/person _____

December 7 Comp Categories AA, A, B & YA: \$10/person (one category); \$15/pers (two categories) _____

December 7 Comp Category C or D: \$30/person (one category); \$35/pers (two categories) _____

Discount: Family: _____ or Other: _____ - _____

Total (Checks to Open Floor CBA): _____

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

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 (Required if not attending workshops)

I, _____, certify that the student listed above has shown proficiency in the required syllabus for the preliminaries on Dec. 7 and that s/he is familiar with the rules and procedures of the competition, including dress code.

Certified Open Floor CBA Instructor