



PORTLAND TAIKO CLASS REGISTRATION

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Complete this form and mail with payment to Portland Taiko at 3230 NE Columbia Blvd. Portland, OR 97211, or fax to 503.288.2460 to ensure registration. This form *must* be signed by the student or the parent/guardian of minor.

Student's Name: _____ Returning Student New Student
 Parent's Names (if under 18): _____ DOB (minors): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Home Phone: _____ Alternate Phone: _____
 Emergency Contact: _____ Phone: _____
 Allergies or other pertinent medical information: _____

Please list any health problems, physical or behavior conditions, that might require special planning or consideration for you or your child's participation in Portland Taiko activities: _____

Class/Workshop Name: _____ Class/Workshop Start Date: _____

Tuition Amount: _____ Amount Paid: _____ Balance: _____ Due By: _____

Cash Check # _____ PayPal (please add 3% to cover PayPal service charge)

Class space may be reserved with a non-refundable deposit of \$50. Tuition balance is due two weeks before the start date of class. Limited scholarships are available through our work-trade program. Please contact the Portland Taiko office for more information.

Refund Policy:

Class registration withdrawal requests that are received two weeks prior to the start date of the class are eligible for a full refund minus a \$50 processing fee. Requests received after that time will be credited to your next class registration. Workshop refund requests are only eligible for credit. Credit expires one year from date of issue. All refunds and credits are subject to Portland Taiko approval.

I _____ **the undersigned participating individual or parent/guardian of this student**, do hereby authorize the directors, employees, assigns, and teachers of Portland Taiko as agents for the undersigned or myself to consent to secure proper treatment for myself/my child in a medical emergency. I hereby release and discharge Portland Taiko from any and all claims for personal injuries. I/my child are physically fit to practice and engage in the intensive physical program normally connected with Taiko training and there is no reason known to me/my child for not participating in these activities. I agree that photographs of me/my child may be used for promotional purposes by Portland Taiko. This agreement shall remain in effect until I have actively ceased any activity with Portland Taiko and have also given 30 days written notification of intent of being released from this wavier. I agree that Portland Taiko has permission to contact me in the future at the above mailing address, phone number and e-mail address.

Signature (student): _____ Date: _____

Signature (parent/guardian of minor): _____ Date: _____