

CDC Fall Registration Form 2010

Family Information:

Parent(s), Guardian(s): _____
Last First and First

Address: _____
Street City Zip

Phone: _____ Cell Phone: _____ email: _____

Emergency Contact: _____
other than parents Name phone relationship

Financially Responsible Person: _____
if different than above Name Address Phone

Dancer Information:

Name: _____ Age : _____ DOB: ____/____/____
Last First Middle

Returning Student? Y / N If no, previous dance experience? Y / N Years _____

Explain briefly any medical problems we should know about:

Class _____ Day _____ Time _____ Instructor _____

Class _____ Day _____ Time _____ Instructor _____

Class _____ Day _____ Time _____ Instructor _____

Amount Paid: _____ Check #: _____

_____ Pay per class _____ 5 class pkg _____ 10 class pkg _____ 20 class pkg

I have read and agree to uphold and comply with all of the policies of C.D.C. I intend to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all rights, claims and damages that I, my son or daughter may incur against California Dance Company (C.D.C.), its representatives, successors and assigns for any and all injuries suffered by me or my son/daughter in this program.

My signature acknowledges my understanding of and agreement to the above.
Signature: _____ **Date:** ____/____/____

