

City Dance Theatre

Registration 2019-2020

PLEASE PRINT ALL INFORMATION.

ANNUAL REGISTRATION FEES ARE \$30.00 PER DANCER OR \$40.00 PER FAMILY. REGISTRATION FEE IS DUE WITH THIS FORM .PLEASE RETURN TO CDT DURING OFFICE HOURS OR MAIL TO: PO BOX 21839 KEIZER OREGON 97307

DANCERS NAME	BIRTH DATE & AGE	SCHOOL GRADE AS OF SEPT 2019	

PARENT/GUARDIAN NAME	E-MAIL ADDRESS	HOME PHONE #	ALTERNATE PHONE #

DO YOU GIVE PERMISSION FOR CDT TO USE PHOTOS/VIDEO TAKEN OF ABOVE STUDENT FOR ADVERTISING AND PROMOTION? YES NO

PREVIOUS TRAINING IF NEW TO CDT _____

RETURNING STUDENTS PLEASE CHECK YOUR FIRST RECITAL.

- | | | |
|-------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> BROADWAY RHYTHM | <input type="checkbox"/> CHANNEL SURFING | <input type="checkbox"/> RHYTHM OF THE STREET |
| <input type="checkbox"/> A CLASSIC AFTERNOON | <input type="checkbox"/> REFLECTIONS | <input type="checkbox"/> LIGHTS,CAMERA,ACTION |
| <input type="checkbox"/> WONDERFUL WORLD | <input type="checkbox"/> SEASONS OF DANCE | <input type="checkbox"/> THE GREATEST LOVE |
| <input type="checkbox"/> DANCING ON THE EDGE OF TIME | <input type="checkbox"/> ROAD TRIP | <input type="checkbox"/> COLOR MY WORLD |
| <input type="checkbox"/> HOORAY FOR HOLLYWOOD | <input type="checkbox"/> ONE PLANET | <input type="checkbox"/> ANIMALISTIC |
| <input type="checkbox"/> DO YOU BELIEVE IN THE MAGIC? | <input type="checkbox"/> DANCING THE DECADES | <input type="checkbox"/> THE GREAT BIG BOOK |
| <input type="checkbox"/> LEGENDS | <input type="checkbox"/> BLAST FROM THE PAST | <input type="checkbox"/> OUT OF THIS WORLD |
| <input type="checkbox"/> DON'T WALK,DANCE! | <input type="checkbox"/> AND THE WINNER IS.... | |

- I CERTIFY THAT MY CHILD IS IN PROPER PHYSICAL CONDITION TO TAKE PART IN DANCE CLASS. I REALIZE THAT THERE ARE CERTAIN RISKS POSSIBLE IN THE ART OF DANCE. I AGREE TO ASSUME THE RISK OF ALL INJURIES OR DAMAGE THAT MAY ARISE FROM MY CHILD'S PARTICIPATION IN CLASSES AT CITY DANCE THEATRE INC. IN CONSIDERATION OF THE ABOVE I HEREBY RELEASE AND HOLD HARMLESS CITY DANCE THEATRE INC. IT'S TEACHERS AND DIRECTOR FROM AND AGAINST ANY LIABILITY OR CLAIM FOR ANY LOSS OF PROPERTY,INJURY,MISADVENTURE,HARM,COST OR DAMAGE SUSTAINED AS A RESULT OF MY CHILD'S PARTICIPATION IN CLASSES AT CITY DANCE THEATRE INC.
- I AGREE TO GIVE 30 DAYS NOTICE TO THE BUSINESS OFFICE SHOULD I CHOOSE TO CHANGE/DROP A CLASS OR REMOVE MY CHILD FROM CITY DANCE THEATRE INC .

EMERGENCY CONTACT & RELATIONSHIP TO CHILD (other than self): _____
PHONE # _____

PLEASE LIST ANY MEDICAL CONDITIONS OR ALLERGIES : _____

PARENT/GUARDIAN SIGNATURE

DATE