

# City Dance Theatre

## Registration 2017-2018

**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 2017

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             | SNOWMAN'S DANCE   |
| <input type="checkbox"/> A CLASSIC AFTERNOON          | <input type="checkbox"/> REFLECTIONS                 | <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 |
| <input type="checkbox"/> WONDERFUL WORLD              | <input type="checkbox"/> SEASONS OF DANCE            | <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 |
| <input type="checkbox"/> DANCING ON THE EDGE OF TIME  | <input type="checkbox"/> ROAD TRIP                   | <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> 2016                               |
| <input type="checkbox"/> HOORAY FOR HOLLYWOOD         | <input type="checkbox"/> ONE PLANET                  |   |
| <input type="checkbox"/> DO YOU BELIEVE IN THE MAGIC? | <input type="checkbox"/> DANCING THROUGH THE DECADES | <input type="checkbox"/> RHYTHM OF THE STREET   |
| <input type="checkbox"/> LIGHTS,CAMERA,ACTION         | <input type="checkbox"/> THE GREATEST LOVE           | <input type="checkbox"/> THE GREAT BIG BOOK   |
| <input type="checkbox"/> LEGENDS                      | <input type="checkbox"/> COLOR MY WORLD              | <input type="checkbox"/> ANIMALISTIC  |
| <input type="checkbox"/> BLAST FROM THE PAST          | <input type="checkbox"/> OUT OF THIS WORLD           |   |

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