

Creative Dance for Children Classes

Registration Form

2008-2009

(please print)

Child's name: _____

Age: _____ Date of Birth: _____ Grade: _____

Class Enrolled in: _____

Parents/Guardian name: _____

Address: _____

City: _____ Zip: _____

Telephone: _____

Emergency contact telephone: _____

e-mail address: _____

Allergies/other medical info: _____

How did you hear about CDC classes: _____

Annual Registration/Insurance fee: \$15 _____

Class(es): _____

Day: _____ Time: _____

Sibling Discount (younger sibling-please deduct \$25 each semester)

Tuition:

1st Semester

Sept. 8-13 _____

Nov. 3-8 _____

Discounts _____

Total Due _____

2nd Semester

Jan. 19-24 _____

March 16-21 _____

Discounts _____

Total Due _____

Please make checks payable to:

Deborah Lipa-Ciotta

87 Audubon Drive Snyder, NY 14226

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(please print)

Child's name: _____

Age: _____ Date of Birth: _____ Grade: _____

For and in consideration of the registration of the above-named child with *Creative Dance for Children Classes/Deborah Lipa-Ciotta* and such child's participation in any and all dance activities, including instruction and recitals, and being allowed to participate in such activities, the above-named child and the undersigned as parent(s) or legal guardian(s) of such child, if applicable, and on behalf of his/her/my/our heirs, executors and assigns by this agreement do/does hereby waive, release and relinquish any and all claims for liability and cause(s) of action, including but not limited to, personal injury and property damage occurring to such child, arising out of participation in dance activities with *Creative Dance for Children Classes/Deborah Lipa-Ciotta* and/or other activities incidental thereto, whenever or however they occur and for such period that such activities may continue. The undersigned acknowledges, understands and assumes all risks related to such dance activities and that such activities may involve risks to the participant's person, including bodily injury that may arise from participation in such activities.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Publicity Release

I, _____, give permission for my child(ren), _____, to have his/her photograph(s) and or video of open class demonstrations appear in dance brochures, flyers and other publicity for *Creative Dance for Children Classes/Deborah Lipa-Ciotta*. I understand that my child's name will remain anonymous and that the photographs or video will be used for *Creative Dance for Children Classes* purposes only.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____