

CDT | SUMMER DANCE INTENSIVE 2019 | REGISTRATION FORM

DANCER INFORMATION:

Name _____

Address _____

City _____

State/Zip _____

Home Phone _____

Cell Phone _____

E-mail _____

Age _____ School _____

Dance Studio(s) _____

Ballet Training (number of years) _____

Other styles of dance training _____

PARENT 1 INFORMATION:

Name _____

Cell Phone _____

E-mail _____

PARENT 2 INFORMATION:

Name _____

Cell Phone _____

E-mail _____

PROGRAM (check level & circle dates):

_____ Level 1 | 8/19-8/25 | 8/19-8/23 | 8/23-8/25

_____ Level 2 | 8/19-8/25 | 8/19-8/23 | 8/23-8/25

_____ Intermediate | 8/19-8/25 | 8/19-8/23 | 8/23-8/25

_____ Advanced | 8/19-8/25 | 8/19-8/23 | 8/23-8/25

_____ Young Men's | 8/19-8/25 | 8/19-8/23 | 8/23-8/25

_____ Private Lessons

_____ Semi-Private Lessons

Number of private/semi lessons (circle): 1 2 3 4

See SDI Sample Schedule for class level information.

See SDI Tuition Chart for tuition details and discounts.

HEALTH INFORMATION:

Health/Accident Insurance Co. _____

Policy No. _____

Preference of medical facility:

_____ Mayo Clinic _____ Olmsted Medical Group

Please list any health concerns for your child, along with any injuries your child has had or currently has:

RELEASE AND CONTRACT:

I hereby authorize the Children's Dance Theatre, its agents and employees, to obtain treatment for my child for injury or illness that he/she may incur while attending classes or performances. I release and discharge the Children's Dance Theatre, its officers, employees, or agents from any liabilities or expense (including reasonable attorney's fees) with respect to claims for injuries, disabilities, damages, losses, and expenses sustained as a result of participation in classes, performances, or travel in connection therewith. I agree to pay the required tuition to participate.

Parent

Signature _____

Date _____

PUBLICITY AND RELEASE:

I agree to allow Children's Dance Theatre to use photos or videos of my child in publicity efforts promoting Children's Dance Theatre activities.

Parent

Signature _____

Date _____