



BABY BALLERINA REGISTRATION FORM

Dancer's Name _____

Date of Birth ____/____/____ Age ____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Home No _____ Cell No _____ Email Address _____

Class _____ Day _____ Time _____

Studio: Ashburn Chantilly

Session: Spring 2010 Summer 2010 Fall 2010

How did you hear about us?

Does your child have allergies, physical or developmental restrictions? If so, please describe:

AMOUNT PAID: _____

METHOD OF PAYMENT: CASH: _____ CC AUTH #: _____ CHECK # _____ DATE PAID: _____

As a parent (or participant) of a child participating in or attending an event, activity, class or party at Creative Dance Center, I acknowledge that there are inherent risks and dangers associated with physical activity. To the best of my knowledge, I and/or my child(ren) are physically able to participate in this program. I, for myself and the participants named above, and our respective heirs, assigns, personal representatives and next of kin, hereby waive, release and hold harmless Creative Dance Center, Inc and its employees, owners and volunteers from liability or claims resulting from any injury to me or my child (children) due to our participation in these programs. I, for myself and the participants listed above, agree to follow the safety instructions, both verbal and posted while at Creative Dance Center. I understand that while my children are at CDC, but are not participating in a class or program, they are my sole responsibility and under my supervision. I give permission for myself and/or my child to be photographed (without compensation) during the course of CDC activities with the understanding that these photographs and/or videotapes may be used by CDC for promotional and advertising purposes as defined and authorized by Creative Dance Center, Inc.

Parent/Guardian Signature _____ Date _____