

Cleveland City Dance • Holiday Pre-Registration Form and Agreement

13108 Shaker Square • Shaker Square • Cleveland, OH 44120

216-295-2222

Website www.clevelandcitydancecompany.org • email: info@clevelandcitydancecompany.org

Name _____ I _____
Please Print - Student's Last Name *Please Print - Student's First Name*

Address _____ City _____ State _____ Zip _____

Phone _____ Home Email: _____

Students Cell # _____ Students Email _____

Mother's Name _____ Work Phone _____

Cell Phone _____ Email _____

Place of Employment _____ Occupation _____

Father's Name _____ Work Phone _____

Cell Phone _____ Email _____

Place of Employment _____ Occupation _____

Students' Age _____ Date of Birth _____ Height in inches _____ Emergency Phone (____) _____

Current Dance School and number of years of training _____

Roles/type of dance desired _____

How did you find out about this audition? (Please circle)

Flyer (Studio/College name) _____ Word of mouth *News Articles/ Window Sign/ Shaker Life Magazine/ Cleveland Family Magazine/ Connection Magazine/ Jewish News/ Press Release/ Other* _____

*I hereby acknowledge that I understand the requirements set forth for the "Winter Wonderland" & "Nutcracker", I am bound by the terms set forth by Cleveland City Dance and the Cleveland City Dance Company, including the obligations for the **participation fee** (due at the first rehearsal) and **fundraising** required by students. I also understand no refunds will be given unless a withdrawal notice is accompanied by a verified Doctor's excuse stating extreme illness or injury.*

***Must be signed** _____
Signature of parent or guardian *Date*

Any medical condition Y or N Please explain _____

Cleveland City Dance Medical Release Form (Rehearsals will be held at the Cleveland City Dance Studios)

On behalf of my child and myself, I understand that classes involving physical activity, such as dance, present a risk of physical injury or illness, and acknowledge and agree that neither CCD, nor its instructors shall bear any responsibility, or have and liability, for any personal injury or illness that may result from participation in any of its classes or any of its related functions.

Family Physician & Phone Number _____ Medical Conditions and/or Allergies _____

***Must be signed** _____
Signature of parent or guardian *Date*

Cleveland City Dance - Media Release Form -I give my permission for photographs or television footage that include my child to be used for promotional purposes on the CCD website, television, newspapers, magazines, brochures, billboards or any other form of advertising.

***Must be signed** _____
Signature of parent or guardian *Date*

****Checks made payable to Cleveland City Dance Company***

\$65 Non-refundable costume deposit is required to secure your role in the "Winter Wonderland" and "Nutcracker" performance.

FRONT OFFICE USE ONLY

Date: _____ Amount Paid \$ _____ Check # _____ or Cash \$ _____

Role/Roles offered: _____