

# Cleveland City Dance • Holiday Pre-Registration Form and Agreement

13108 Shaker Square • Shaker Square • Cleveland, OH 44120

216-295-2222

Website [www.clevelandcitydance.com](http://www.clevelandcitydance.com) • email: [info@clevelandcitydance.com](mailto:info@clevelandcitydance.com)

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 •

**\$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: \_\_\_\_\_