

REGISTRATION FORM

CONNECTICUT DANCE CENTER LLC
Artistic Director, Tamara Saari

STUDENT NAME _____ BIRTHDATE & AGE _____

CLASSES *fall - winter/spring - summer* _____

SIBLING NAME _____ BIRTHDATE & AGE _____

CLASSES *fall - winter/spring - summer* _____

PARENTS NAME _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____

CITY _____ ZIP _____

EMERGENCY CONTACT (OTHER THAN PARENT)

NAME _____ RELATION _____

PHONE # _____

MEDICAL CONCERNS/ALLERGIES/SPECIAL NEEDS (IF ANY)

PREVIOUS DANCE EXPERIENCE

HOW DID YOU HEAR ABOUT US?

FACEBOOK _____ INSTAGRAM _____ OTHER _____

FRIEND/FAMILY (please let us know who so we can thank them) _____

In consideration of the permission granted to our child to participate in the activities under the direction of Connecticut Dance Center LLC, we release and discharge Tamara Saari, the building in which activities are performed or presented, it's employees and officers, from all claims which the undersigned and our child have or may have for claims of any nature including, but not limited to, personal injuries or property damage caused by or arising out of any activity or involvement that my child may have with Connecticut Dance Center LLC, Tamara Saari, it's employees or officers.

I understand that photographers, videographers and/or television crews may sometimes be present photographing or filming rehearsals and presentations. I give my permission for resulting photographs and/or television/film footage that may include myself/child to be used for promotional purposes on television, newspapers, programs, magazines, or any other media.

I agree to all policies and guidelines under Connecticut Dance Center as stated on this form and website, www.ctdancecenter.com. Connecticut Dance Center LLC has the right to change policies and guidelines without prior notice.

Parent Signature: _____ Date: _____

FOR OFFICE USE:

CLASS AMOUNTS: _____ REGISTRATION FEE: *\$20 per family* Total: _____

1st payment _____ Cash - Check - # _____ or C/C (mastercard or visa) _____ EXP _____
Date _____ Initials _____

2nd payment _____ + costume fees _____ = _____
Cash - Check - # _____ or C/C (mastercard or visa) _____ EXP _____
Date _____ Initials _____

Final payment _____ Cash - Check - # _____ or C/C (mastercard or visa) - _____ EXP _____
Date _____ Initials _____

CHECKS TO: CONNECTICUT DANCE CENTER, LLC
MAILED TO: 76 VIADUCT ROAD, STAMFORD, CT 06907

203.569.3131
INFO@CTDANCECENTER.COM