



2021-2022 Student Registration

Date: ____/____/____

Current Student of CCD - Yes / No

Male / Female

CCB II Member – N/A

Student Name: _____ Age: _____ Date of Birth: _____

Parent/ Guardian: _____

Mailing Address: _____ City & State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone #'s: _____

E-Mail: _____

In Case of Emergency (other than listed above) _____ Phone _____

***Medical: Please list any medical conditions (arthritis, asthma, etc.) on back of registration form.**

How did you hear about us? Newspaper __ Internet __ Walk-In __ Friend Referral __ Dance Magazine __ Other _____

Class Name	Day	Time

Monthly Tuition: \$ _____

Registration Fee: \$25.00

Total Due: \$ _____

WAIVER OF LIABILITY: I understand and acknowledge that there is a risk of injury inherent in dance activities and that personal injury or damage to property may result during participation in dance and related activities. I represent that _____ (child) is physically able to safely participate in dance and related activities. I agree to assume all risks associated with child's participation in dance instruction, rehearsal, performance and related activities. In consideration, of receiving dance instruction with Columbia Conservatory of Dance, Inc., I hereby waive, release, and discharge all present and future claims and liabilities of any kind, whether for bodily injury, property damage, or other loss, arising out of my child's participation in dance and related activities, including but not limited to dance instruction, rehearsals, and performances, whether conducted on or off Columbia Conservatory of Dance, Inc. premises. I also acknowledge that I am responsible for delivering my child to the studio and picking her/him up and that the studio is not responsible for a child that leaves the premises.

*****Please initial each line below to complete form:** Student or Parent/ Guardian (under age of 18)

_____ I consent to photography and recording of my child for its usage in promotional and public relations activities.
All recordings are property of Columbia Conservatory of Dance, Inc.

_____ I understand and agree to pay for the classes I have registered for, even if I do not attend, until I notify CCD office in writing

_____ I understand that I am responsible for all registration, performance, costume and tuition fees.

_____ I understand the penalty for any delinquent payment of any fees.

_____ I understand and agree to the class requirements.

Signed: _____ Date: _____