

# Civic Dance Center

## REGISTRATION FORM

6341 Central Avenue  
Portage, IN 46368  
708-417-7129

DATE

STUDENT LAST NAME		FIRST NAME		BIRTHDAY	AGE
EMAIL		CELL PHONE		HOME PHONE	
ADDRESS		CITY	STATE	ZIP	
SCHOOL		GRADE			

### PARENT INFORMATION

MOTHER'S NAME	MOTHER'S CELL	MOTHER'S EMAIL
PLACE OF EMPLOYMENT		WORK PHONE
FATHER'S NAME	FATHER'S CELL	FATHER'S EMAIL
PLACE OF EMPLOYMENT		WORK PHONE

### PREVIOUS EXPERIENCE

STUDIO NAME	STUDIO LOCATION
NUMBER OF YEARS	INSTRUCTOR(S)
PERFORMANCE EXPERIENCE	WHERE

**HOW DID YOU HEAR ABOUT US? (CIRCLE)**      Internet      Phone Book      Drive By      Advertisement

REFERRAL NAME

**STATEMENT OF WAIVER.** I, for myself or as a parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify "Civic Dance Center," employees, volunteers, contractors and/or sponsors from all risk and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I further give permission for proper emergency care to be rendered to my child or children should I not be available or able to give such permission.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

I RECEIVED A COPY OF THE CIVIC DANCE CENTER HANDBOOK: \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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**OFFICE USE ONLY**

DAYS STUDENT WILL BE ATTENDING	HOURS PER WEEK
MONTHLY TUITION	REGISTRATION FEE \$25 NEW STUDENT; \$20 RETURNING STUDENT
APPAREL/SHOE PAYMENT	TODAY'S PAYMENT CHECK # _____ /CASH