



# CDT Kids/Teen Class Registration Form

Quarter: \_\_\_\_\_ Session: \_\_\_\_\_ Year: \_\_\_\_\_

See the CDT class schedule or visit the website for current dates & prices.  
[www.cdt-dance.org](http://www.cdt-dance.org) (513) 591-1222 dance@cdt-dance.org

### How to register:

1. Register by credit card on our website, [www.cdt-dance.org/kidsdance](http://www.cdt-dance.org/kidsdance), and email this form. This is preferred. If needed, you can also register over the phone with a credit card at (513) 591-1222.
2. OR mail this registration form with a check/money order or credit card information at least 4 days before the deadline and let us know that you mailed it.  
**Contemporary Dance Theater, Inc., 1805 Larch Avenue, Cincinnati, Ohio 45224-2928**
3. If neither of these options work for you, contact us at [dance@cdt-dance.org](mailto:dance@cdt-dance.org) for alternate payment and registration options.

### Kid's dance classes require pre-registration and payment for an entire session.

There is no single class payment for children's classes, and no drop-ins allowed. Prices will not be pro-rated for beginning later in a session. *Please note that class payment is non-refundable and non-transferable.*

### Include this information when registering along with your payment:

1<sup>st</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Class Title: \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Class Title: \_\_\_\_\_

3<sup>rd</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Class Title: \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Phone #'s \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about CDT's dance classes? \_\_\_\_\_

New Student? Yes  or No  I have read the FAQ & Policies Info on the website: Yes  or No

Any notes that we should know about: \_\_\_\_\_

List any discounts/credits: \_\_\_\_\_ List any additional fees: \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Credit Card# \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ (on back of card)

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# RELEASES

## THIS IS REQUIRED BEFORE YOU OR YOUR CHILD MAY ATTEND CLASS

### PHOTO AND VIDEO RELEASE

I hereby give my permission, as the named participating adult student below or as the parent/legal guardian of the participating student named below, to Contemporary Dance Theater, Inc., for the use and reproduction of video footage, photographs or voice recordings of this participating student. I understand the use of the participant's image and voice will be primarily for the purposes of education and/or promotion by this organization.

### RELEASE OF LIABILITY

The undersigned does hereby release, forever discharge, and agree to hold harmless Contemporary Dance Theater, Inc., and their members, directors, instructors, guest instructors, volunteers, employees, and agents (collectively, the "Indemnities") from and against any and all liability, claims, demands, lawsuits, and expenses of any kind including attorney fees, that the below, their assignees, heirs, guardians, next of kin, spouse, and legal representatives now have, or may have in the future, arising from personal injury, sickness, death or property damage of any kind as a result of negligent, willful, or intentional acts, whatsoever which may be incurred, suffered, or sustained during, from, in relation to, or in association with Contemporary Dance Theater, Inc.

### **FOR PARTICIPANTS UNDER AGE 18 - Parents/Guardians fill this out for your children:**

Printed First and Last Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Printed First and Last Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Printed First and Last Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Printed First and Last Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

### **ADULT PARTICIPANTS (Age 18 and older) - If Parents/Guardians are participating in the class also:**

Printed First and Last Name of Adult Participant(s): \_\_\_\_\_

Signature of Adult Participant: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature of Adult Participant: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_