



**CLACKAMAS DANCE**  
AND PERFORMING ARTS CENTER

**Registration: Sept. 2009-2010**

To register, please fill out both sides of this form completely and include voided check or credit card information for automatic withdrawal. Please call 503-650-2353 with any questions. Thank you and welcome!

**Dancer Information:**

(Adult dancers should write "adult" where age is requested.)

Dancer First Name	Dancer Last Name	Age as of 9/1/09	Birthday & Year	School & Grade

E-mail Information: \_\_\_\_\_

Medical Conditions

Or Special Needs with Instructions: \_\_\_\_\_

Name and Phone Number of Physician: \_\_\_\_\_

**Family Information:**

(Adult dancers should just fill in address.)

Parent First Name	Parent Last Name	Street/P.O. Box	City	Zip Code

**Contacting You: (We will not share this information.)**

(Parent #1 name above should match #1 contact info below, etc.)

Home Phone	Cell Phone (s)	E-mail	Work Phone	Emergency Name	Emergency Number

**Waiver:**

I agree to release and hold harmless Clackamas Dance and Performing Arts Center (CDPAC), and anyone providing services for Clackamas Dance and Performing Arts Center from any and all claims of any nature, including but not limited to property lost, personal injury, or death. I agree to release Clackamas Dance and Performing Arts Center from all claims that might occur at their recital or any other CDPAC event my dancer may be participating in. I understand that teachers may physically adjust my dancer's placement. I will not leave my child under the age of 10 unaccompanied in the lobby.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Check one:

I give my permission for photographs of my child to be posted on the CDPAC website and to be used in promotional efforts.

Do not use my child's photograph for promotional efforts.

**Classes:**

(Please attach sheet listing any additional classes.)

Class (Jazz, Tap, etc)	Age	Day	Time	Instructor	Studio (Circle)	Dancer
					A B C	
					A B C	
					A B C	
					A B C	
					A B C	
					A B C	
					A B C	
					A B C	
					A B C	
					A B C	

**Class Tuition:**

(Prices are on Tuition Page in Schedule. Dancer 2 is the dancer with least amount of classes.)

Weekly Hours Dancer 1: \_\_\_\_\_ = Monthly Tuition \$ \_\_\_\_\_  
 Weekly Hours Dancer 2: \_\_\_\_\_ = Monthly Tuition \$ \_\_\_\_\_  
 Weekly Hours Dancer 3: \_\_\_\_\_ = Monthly Tuition \$ \_\_\_\_\_

Subtotal \$ \_\_\_\_\_

\$10 if not using autopay \$ \_\_\_\_\_

No Registration Fee if register before June 1<sup>st</sup>.

\$25 Registration Fee if register after June 1<sup>st</sup>.

Fees pay our once per year student expenses including music licenses

Total Due Today \$ \_\_\_\_\_ + 2% if paying by credit card

**Your Dance History:**

How many school years have you danced here? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Are you a new student? \_\_\_\_\_

What month and year did you start dancing at CDPAC? \_\_\_\_\_

Please list any previous dance experience. (If new student) \_\_\_\_\_

Please list any specific goals. \_\_\_\_\_

**Office Use Only**

\_\_\_\_ Current Mailing    \_\_\_\_ Tuition pd    \_\_\_\_ Dancer Information    \_\_\_\_ Tuition recorded

\_\_\_\_ Confirmation    \_\_\_\_ Reg. Fee Pd    \_\_\_\_ Master Mailing    \_\_\_\_ E-mail

\_\_\_\_ Attendance    \_\_\_\_ Medical Conditions noted in competitions with instructions