



Try _____	SRD _____
Date _____	FRD _____
Paid _____	Cash _____
Check# _____	Charge# _____

Cherry Creek Dance Registration Form

Please complete all fields. Use more than one form if you are signing in more than one person. Please inform us if any information changes.

Student's Name: _____

Guardian's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ Phone: (W) _____

e-mail: _____ Student's Birthday: ___/___/___

School Student Attends: _____ Grade: _____

How did you hear about CC Dance? _____

List any allergies and medical conditions: _____

Who to contact other than yourself in case of an emergency:

Name: _____ Phone: _____

List class numbers you are registering for: (Please see class schedule)

_____, _____, _____, _____, _____, _____, _____, _____, _____

Release:

I have read Cherry Creek Dance's rules & regulations. I understand and agree that Cherry Creek Dance, its agents, employees, volunteers or assistants shall not be responsible or made subject to any claim from injury or accident which may result in connection with any attendance at the school or any of its related functions.

Signature: (Signature of parent or guardian if student is a child) _____ Date: _____