

**Spring Dance Series 2025 - Registration Form for Non-CCB Members
David Fernandez - February 17 thru 22, 2025**

Student's First Name:		Last Name:	
Student's Birth Date:		Age:	
Student's Mailing Address:			
Parent/Guardian #1			
Home Phone:		Cell:	
Email:			
Parent/Guardian #2			
Home Phone:		Cell:	
Email:			

Description - <input type="checkbox"/> Junior (9-12) • <input type="checkbox"/> Senior (13+)	Amount
<input type="checkbox"/> Full Workshop 2/17-2/22 cost: \$536.00	
<input type="checkbox"/> By Days - select: <input type="checkbox"/> 2/17 • <input type="checkbox"/> 2/18 • <input type="checkbox"/> 2/19 • <input type="checkbox"/> 2/20 • <input type="checkbox"/> 2/21 • <input type="checkbox"/> 2/22 Non-Member=\$107.50/day # of Days ___ X Cost/Day \$ _____ =	
TOTAL	

<p align="center">Liability Release</p> <p>I hereby give my consent for my child/self to participate in classes and activities at City Center Ballet (CCB). I am fully aware and appreciate the risk and damages that might occur as a result of participating in CCB classes and activities. I have been assured that all pre- cautions will be taken to ensure my/my child's safety.</p> <p>I hereby waiver and release any and all rights or claims for any damages my child/self may have against CCB, its staff, employees, teachers and agents for any and all injuries sustained or suffered by my child/self at any CCB class or activity. I do hereby verify that I fully understand</p>	<p>and accept the preceding conditions for permitting my child/self to participate in any CCB class or activity.</p> <p align="center">Medical Release</p> <p>I understand that it is my responsibility to provide all medical insurance coverage. That I must inform CCB of any medical condition that is present or may occur and may affect my child/self training while enrolled at CCB. In the event I cannot be reached, I hereby give my permission to the staff of CCB to authorize any emergency medical care that may be required by the above student during my child/self participation in classes, performances, or any related CCB event. This authorization extends through the current</p>	<p>year or until my child/self is no longer enrolled at CCB, whichever comes first.</p> <p>I understand that I am responsible for any and all charges as a result of such care or medical treatment.</p> <p align="center">Publicity Release</p> <p>I hereby authorize CCB to record my child/self pictures, photographs, films and DVDs, to edit these recordings at its discretion and to incorporate these recordings for CCB to use for publicity including advertising and sales promotion.</p> <p>I acknowledge that no promises of compensation have been made by CCB for such use.</p>
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I have read, understand and agree to the Liability Release, Medical Release and Publicity Release.

Parents' Signature _____ Date _____

Spring Dance Series 2025 - Payment Form - David Fernandez

THERE ARE NO REFUNDS DUE TO ABSENCE, WITHDRAWAL OR EXPULSION.

TUITION IS NON-TRANSFERRABLE.

PAYMENT IN FULL MUST ACCOMPANY THIS FORM.

Payment of \$ _____ paid by (check one) ___ Check ___ VISA ___ MasterCard

Student Name: _____

Credit Card Number: _____ Exp Date: ____/____

Name on Card: _____

Billing Address: _____

_____ Phone Number: _____

Signature of Card Holder

Date

Do Not Write Below Here - For Office Use Only

Date		Check #		Payment	
Date Entered				Auth Number	