



11504 W. 183rd St. #NE Orland Park, IL. 708-479-3960

Registration Form

Students' Name _____

Age /B-day _____
 Age /B-day _____
 Age /B-day _____
 Age /B-day _____

Parent's Name _____
 Address _____
 City _____ Zip _____ E-mail _____
 Home Phone _____ Cell _____

Class _____	Day _____	Time _____	Price _____
Class _____	Day _____	Time _____	Price _____
Class _____	Day _____	Time _____	Price _____
Class _____	Day _____	Time _____	Price _____
Class _____	Day _____	Time _____	Price _____
Class _____	Day _____	Time _____	Price _____
Class _____	Day _____	Time _____	Price _____
Class _____	Day _____	Time _____	Price _____

Registration Fee **\$35.00**
Yearly

Check # _____ Visa/MasterCard _____
 Signature _____ Exp. Date _____ Total _____

Release Agreement:

As a parent of a participant in the program I realize and acknowledge that there are certain risks of physical injury and I agree to assume the risk of injury, damages or loss which may be sustained as a result of any and all activities connected or associated with such programs. I do hereby fully release and discharge the *Creative Dance Center Ltd.*, and it's officers and employees from any claims from injuries, damages or loss which may occur to me or my children as a result of our participation in the programs.
 I have read and understood this statement.

Name _____ Date: _____