

Chehalem Valley Dance Academy

Summer Registration: June - August 2010

To register, please fill out both sides of this form completely and mail it with postdated checks, Automatic Withdrawal, or Credit Card Information to CVDA, PO Box 1004, Newberg, OR 97132. Please call (503) 537-3902 with any questions. In order to receive prorated tuition for summer, dates of absences must be received by June 28th. Please include a list of dates with your registration." Thank you and welcome!

What location would you like to attend? Newberg McMinnville

Dancer Information:

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

Dancer First Name	Dancer Last Name	Age as of 7/1/10	Birthday & Year

Medical Conditions
or Special Needs with Instructions: _____

Name and Phone Number of Physician: _____

Contacting Information: (We will not share this information.)

Parent Name(s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Parent Cell(s): _____

Other Contact #: _____ E-mail: _____

Emergency Contact Name/Number/Relationship _____

Waiver:

I agree to release and hold harmless Chehalem Valley Dance Academy, LLC, All Star Dancewear and anyone providing services for Chehalem Valley Dance Academy, LLC, or All Star Dancewear from any and all claims of any nature, including but not limited to property lost, personal injury, or death. I agree to release Chehalem Valley Dance Academy from all claims that might occur at their spring concert or any other CVDA 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, or All Star Dancewear.

Parent/Guardian Signature: _____ Date _____

Check one:

- _____ I give my permission for photographs of my child to be posted on the CVDA website and to be used in promotional efforts.
_____ Do not use my child's photograph for promotional efforts.

Chehalem Valley Dance Academy

Camps & Intensives Registration

Dancer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Medical Conditions/Limitations: _____

Physician Name/Number: _____

Emergency Contact Name & Number: _____

<u>Camp/Intensive Name</u>	<u>Price</u>
1.) _____	_____
2.) _____	_____
3.) _____	_____
4.) _____	_____
5.) _____	_____
6.) _____	_____
7.) _____	_____
8.) _____	_____

Total Price: \$ _____ Pd: Cash Check AWD

Waiver:
I agree to release and hold harmless Chehalem Valley Dance Academy from any and all claims of any nature, including but not limited to property lost, personal injury, or death regardless of negligence. I agree to release Chehalem Valley Dance Academy from all claims that might occur at their recital or any other event my dancer may be participating in. I understand that teachers may physically adjust my dancer's placement.

Signature: _____

Chehalem Valley Dance Academy

Credit/Debit Payment Option

Name as it appears on your card: _____

Dancer's Name: _____

Card Type: (please circle) Visa MasterCard Discover

Credit or Debit? _____ Exp Date: _____

Card Number: _____

Card Verification Number (CVN): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Signature: _____ Date: _____

Payments will be taken out on the first of the month. Credit/Debit Option may be used for monthly tuition, costumes, PC Fees, camps, and recital tickets. No additional fees apply.

Office Use Only:

_____ hrs = _____ / mo + _____ additional = Total: _____

Acct: _____

Frequency: _____