



# Central City Dance

## 4-Week Summer Dance Jam

Please complete this registration form and e-mail to [centralcitydance@comcast.net](mailto:centralcitydance@comcast.net) or mail to:  
 CCD 6700 Canton Center Rd, Canton, MI 48187 or register by phone 734-459-0400.

**Summer schedule can be found on the website.**

Student #1 Name: \_\_\_\_\_ Birthdate: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ F or M

Mother's Full Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Where did you hear about us?  Website  Flyer  Friend  Drive By  Chamber

Email: (all communication is done through e-mail) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Please list any medical conditions or allergies that we should be aware of: \_\_\_\_\_

**IMPORTANT INFORMATION**

- A \$5 cancellation fee per class will be deducted from all refunds made on classes; however, a full credit can be applied to your account for future classes.
- A \$30 charge will automatically be applied to your account for returned checks.
- Classes can be taken in person or virtually/Zoom. Please X the box below. If you choose virtually/Zoom, you will receive a code before the summer session begins.

All students and their parents/legal guardians are aware of possible physical injury that may occur during dance classes, performances, and/or rehearsals and are willing to assume those risks. It is agreed that students and their parents/legal guardians will not hold Central City Dance, LLC. its directors, instructors, and/or employees liable for injuries sustained while in attendance or while participating in any Central City Dance activity. We give our permission to Central City Dance, LLC. to use photographs and videos of our child(ren) for advertising purposes. I have read, understand, and agree to abide by the policies of Central City Dance Center.

Parent or Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Class #	Subject	Class Time	M	T	W	TH	Cost

Type of Payment:  Visa / MC / Disc  Check # \_\_\_\_\_

CC # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_