



Central City Dance 4-Week Summer Dance Jam

Please complete this registration form and e-mail to 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.

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: _____