



Columbia Conservatory of Dance
Mariclare Miranda & William Starrett

Registration Form

Current Student: Yes / No _____ Date of Birth _____ Age _____

Student Name _____

Parent / Guardian _____ Email Address _____

Mailing Address _____ City & State _____ Zip _____

Mobile Phone _____ Alternate Phone _____

Emergency Contact _____ Phone _____

* Medical: Please list on the back of this form any medical conditions the staff needs to be aware

Class Name	Day & Time

Registration Fee \$25.00 Monthly Tuition \$ _____ Total Due \$ _____

WAIVER OF LIABILITY: I understand and acknowledge that there is a risk of injury inherent in dance activities and that personal injury or damage to property may result during participation in dance and related activities.

(Student name) _____ is physically able to safely participate in dance and related activities. I agree to assume all risks associated with child's participation in dance instruction and related activities. In consideration, of receiving dance instruction with Columbia Conservatory of Dance, Inc., I hereby waive, release, and discharge all present and future claims and liabilities of any kind, whether for bodily injury, property damage, or other loss, arising out of my child's participation in dance and related activities, including but not limited to dance instruction, rehearsals, and performances, whether conducted on or off Columbia Conservatory of Dance, Inc. premises. I also acknowledge that I am responsible for delivering my child to the studio and picking her/him up and the studio is not responsible for a child that leaves the premises. While enhanced safety measures & precautions are being taken at Columbia Conservatory of Dance, "an inherent risk of exposure to COVID-19 exists in any public place where people are present.

*****Please initial each line below to complete form:**

- _____ I consent to photography and recording of my child for its usage in promotional and public relations activities.
- _____ All recordings are property of Columbia Conservatory of Dance, Inc.
- _____ I understand and agree to pay for the classes I have registered for, even if I do not attend, until I notify CCD office in writing
- _____ I understand that I am responsible for all registration and tuition fees.
- _____ I understand the penalty for any delinquent payment of any fees.
- _____ I understand and agree to the class requirements.

Signed: _____ Date: _____

Student or Parent/ Guardian (under the age of 18)