

# Creative Dance Productions

## Clinic Registration

(One registration form per person. This form can be duplicated)

Full payment can be made with this registration form.  
Please send in registration form by September 12, 2009.

Dancer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Studio / Team Name: \_\_\_\_\_

**Pre-Registration (by 9/12/09) = \$65.00 per dancer (price includes instruction and lunch)**  
**Late or at the door Registration = \$70.00 per dancer and does not include lunch)**

Junior High \_\_\_\_\_  
(7<sup>th</sup> – 9<sup>th</sup>)

Senior High \_\_\_\_\_  
(10<sup>th</sup> – 12<sup>th</sup>)

**Total amount enclosed \$** \_\_\_\_\_

**METHOD OF PAYMENT:** Make checks or money orders payable to: **CREATIVE DANCE PRODUCTIONS, LLC**

Mail this completed registration form and fees to: **1630 Starlite Lane**

**New Richmond, Ohio 45157**

(513) 734-1989

jennrothwell@cinci.rr.com

### Credit Card Payment (Visa & Mastercard Only)

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Date Recvd \_\_\_\_\_

Check # \_\_\_\_\_

Check Amt \_\_\_\_\_

**CREATIVE DANCE PRODUCTIONS  
EMERGENCY MEDICAL FORM  
(THIS FORM MUST BE NOTARIZED)**

**This form is valid for all events with Creative Dance Productions from September 1, 2009-August 31, 2010**

Name: \_\_\_\_\_ Age & Birth Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Social Security: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Daytime or Cell Phone: \_\_\_\_\_

Director/Chaperon Attending Group: \_\_\_\_\_ Team Name: \_\_\_\_\_

**MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

**Is participant allergic and/or hypersensitive to any medication and/or medical treatment:**

\_\_\_\_ Yes \_\_\_\_ No If Yes, Please List: \_\_\_\_\_

Last Tetanus Toxioid (if known): \_\_\_\_\_

**Facts concerning the participant's medical history including allergies, medications being taken, any physical impairment to which a physician should be alerted:** \_\_\_\_\_  
\_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

**CONTACT IN CASE OF EMERGENCY**

#1 NAME: \_\_\_\_\_ #2 NAME: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

State Law requires a parent or guardian's consent for medical treatment and procedures as deemed necessary in case of an emergency for a minor. Please also secure a notary to document your signatures, as some treatment centers will only recognize an authorization form of this sort that has been notarized.

**I hereby authorize Creative Dance Productions and their authorized representative or emergency medical personnel to furnish emergency services and/or secure treatment (transport to a hospital and hospital admission) for my child or myself. I agree to be financially or otherwise responsible for this service.**

I release, discharge and agree to hold harmless Creative Dance Productions, their officers, employers, agents and all others who could be held liable from any and all claims, which in any manner arise from or as a direct or indirect result of this service.

\_\_\_\_\_  
**Signature of Participant & Date**

\_\_\_\_\_  
**Signature of Parent/Guardian  
(If participant is under 21 years of age)**

\_\_\_\_\_  
**Notary Signature & Date**