

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 10, 2010.**

Dancer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail address: _____

Studio / Team Name: _____

Pre-Registration (by 9/10/10) = \$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 _____
(7th – 9th)

Senior High _____
(10th – 12th)

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@hughes.net

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, 2010-August 31, 2011

Name: _____ Age & Birth Date: _____

Parent or Guardian: _____

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