



CKC DANCE ACADEMY, INC.
198 Londonderry Turnpike
Hooksett, NH 03106
(603) 622-4252

REGISTRATION FORM

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE: _____ E-MAIL: _____

DESIRED CLASSES:

- | | | | |
|---|----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Creative Movement (3-4 year olds) | <input type="checkbox"/> Lyrical | <input type="checkbox"/> Jazz | <input type="checkbox"/> Adult Tap |
| <input type="checkbox"/> Pre-Dance (ballet & tap 4-5 year olds) | <input type="checkbox"/> Pointe | <input type="checkbox"/> Hip Hop (9+) | <input type="checkbox"/> Ballet Stretch |
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Tap | <input type="checkbox"/> Cheer (7+) | <input type="checkbox"/> Musical Theater (7+) |

Previous dance training? Yes No Which discipline(s)? _____ # of Years: _____

Are there any special needs/medical conditions? Yes No

If yes, please explain. _____

Who should we contact in case of an emergency? Name: _____

Relationship: _____ Telephone: _____

How did you hear about us? _____

I, the undersigned, do hereby waive all claims against the owners, instructors, and assistants, individually or otherwise, of CKC Dance Academy, Inc., for any injuries he/she may sustain while attending or participating in said programs. In the event that my child sustains an injury requiring immediate medical attention, I understand that CKC Dance Academy, Inc. will make every reasonable effort to contact the individual noted above. However, in the event that the emergency contact cannot be reached, I do hereby grant CKC Dance Academy, Inc. the authority to administer first aid and/or contact emergency personnel.

Signature (Parent/Guardian if under 18)

Non-Refundable Registration Fee:
Returning students - \$10
New students - \$20

PHOTO RELEASE

Pictures and videos are taken to promote CKC Dance Academy. A video is taken of the two recitals each year and then available for families to purchase. Pictures may be published in our recital programs, on our website, or used on local television stations or in local newspapers. Please check one of the following and sign below.

I give permission for photos/videos to be taken.

I do not wish to have my child(ren) in photos/videos.

Signature (Parent/Guardian if under 18)