

Valley Dance Theatre

2010/2011 Registration Form

Please complete and return to the office along with a non-refundable \$25 registration fee (\$10 for each additional sibling).

Student name _____
Age ____ Birth Date _____ School _____ Grade _____

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Age ____ Birth Date _____ School _____ Grade _____

Parent/Guardian _____
Address _____
City _____ State _____ Zip code _____
Phone: Home _____ Work _____ Cell _____
Email _____

Emergency contact & phone _____
Relationship _____

Please list any allergies, medical conditions or learning disabilities _____

Previous training _____

Classes requested (please state clearly day/class and dancer if you have multiple children)

Please tell how you heard about us: _____

May we print your dancer's name on our 2010 Recital T-shirt? yes no
 I grant VDT permission to use my child's photo/video in advertising materials i.e. website, brochure, etc. (No student's name will be used.)
 I deny VDT permission to use my child's photo/video in advertising materials.

I have read and agree to abide by VDT studio policies. I understand that my child will be participating in an active program and accept the risks involved.

Signature _____ Date _____

For office use only:

Date received _____ Registration fee paid _____ Check # _____