Summer 2017 Workshop (July 8, 15, 22, 29)

DANCE WORKSHOP REGISTRATION FORM

Dancer's Name _____ Age (if under 18) _____

Class Registering for _____

Parent/Guardian's Name (if dancer under 18 years old) _____

Address

_____

Phone Number _____ Email Address _____

May we add your address and email to CCP's mailing and emailing list? (CCP does not share our mailing or emailing list with anyone) Yes _____ No_____

Hold Harmless Agreement: In consideration of the Choreographers Collaboration Project conducting classes and performances and allowing the above to participate in such programs, the undersigned realizing the risk of injury attendant to such activities, does hereby and forever discharge the Choreographers Collaboration Project and its officers, agents, and employees from any and all action, claims or liability resulting from or arising out of or based upon any bodily injury or property damage which may be sustained by the undersigned or the undersigned's child while participating in such activities.

_____ _____

Signature required of adult participant, parent or guardian of child Date

CONTRIBUTION:

- $40 donation for full session
- $15 per drop-in

Please return signed form to: CCP, 904 Russell Road, Alexandria, VA 22301, or ccpdance@gmail.com, or bring to the first session.