

**Carlene Nazarian Dance Center**  
**Registration Form 2009-2010**

First Name (1): \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname or Preferred Name (1): \_\_\_\_\_

First Name (2): \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname or Preferred Name (2): \_\_\_\_\_

First Name (3): \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname or Preferred Name (3): \_\_\_\_\_

First Name (4): \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname or Preferred Name (4): \_\_\_\_\_

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

Mailing address (if different from above): \_\_\_\_\_

Home Telephone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

List chronic conditions, dietary restrictions, or medications: \_\_\_\_\_

\_\_\_\_\_

List any allergies, reactions, and treatment: \_\_\_\_\_

\_\_\_\_\_

**Photo Release**

I give permission to the Carlene Nazarian Dance Center to publish my child's name and photography in the CNDC Newsletter, website, newspapers or publication.

Please check one: Yes  If yes, please initial \_\_\_\_\_ No

**Emergency Authorization**

I give my daughter / son permission to participate in the dance program offered at "The Carlene Nazarian Dance Center." I will not hold "The Carlene Nazarian Dance Center" or its agents or employees liable in the event of any accident or injury. If I cannot be reached in an emergency, I give permission for the staff of "The Carlene Nazarian Dance Center" to provide first aid treatment to my child, when necessary and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that "The Carlene Nazarian Dance Center" personnel will make every effort to contact me regarding any emergency involving my child.

Signature of Parent/Guardian: \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_