



DANCE FIERCE
San Diego Dance Theater
REGISTRATION APPLICATION

NAME		
SEX	DATE OF BIRTH	
ADDRESS		
CITY	STATE	ZIP
EMAIL ADDRESS		

PARENT/GUARDIAN:

NAME	
EMAIL	
HOME PHONE	CELL PHONE

WAIVER OF LIABILITY:

I understand that Jean Isaacs San Diego Dance Theater their directors, officers, employees, teachers, or volunteers will not be held responsible or liable for any injury, accident, or damages that may occur on these premises. This includes incidents experienced within the building and/or outside Dance Place San Diego and White Box Live Arts as well as off site theaters, schools, or other locations.

I further agree to allow the use of student's photographs, video images, and/or audio recordings in which they may be heard, for publicity purposes related to San Diego Dance Theater and its programs and activities. I agree that all such images and recordings are the sole property of San Diego Dance Theater.

Parent/ Guardian Signature _____ Date _____

Print Parent/Guardian's Name _____