



**Cleo Parker Robinson Dance ISDI**  
 119 Park Avenue West, Denver, CO 80205  
 ISDI@cleoparkerdance.org 303.295.1759 x16

**24<sup>th</sup> Annual International Summer Dance Institute**  
**June 18-July 20, 2018**  
**ISDI 2018 Registration Form**

**(CIRCLE ONE): Teen/Adult Classes, CPRD Children's Week / Weeks)**

*NOTE: Registrations are processed in the order they are received. Waiting list is available.*

Name:			Age:	Gender:
Address:			Phone:	
City:	State:	Zip:	Cell:	
Email:			Attended ISDI Before:	yes    no

***ISDI Liability Agreement***

*\* All ISDI participants must complete, initial, and sign this form. Parent or guardian signature is required if participant is under the age of 18.\**

\_\_\_ I, the undersigned, recognize and understand the risks of physical injury inherent in dance and dance training, thus I fully assume those risks. I agree that I will not hold Cleo Parker Robinson Dance, any faculty member, or employee liable for injuries sustained or illnesses contracted while in attendance and participation in the International Summer Dance Institute. I agree to indemnify and hold harmless Cleo Parker Robinson Dance, any faculty member, or employee for all liabilities, costs, and judgments arising from acts or omissions committed, which result in injury or damage to any person or property.

\_\_\_ I understand and agree that it is my sole responsibility to safeguard my personal property and will not hold Cleo Parker Robinson Dance, any faculty member, or employee responsible for the loss or damage of my personal property while in attendance and participation in the International Summer Dance Institute. I also agree to abide by any rules, regulations, and policies set forth by the International Summer Dance Institute.

\_\_\_ In case of physical injury or medical emergency, I hereby authorize Cleo Parker Robinson Dance staff to make necessary arrangements for me/my child to get to a medical treatment facility as needed. In an extreme emergency, or if I am under 18 years of age, I understand that Cleo Parker Robinson Dance staff will make every attempt to notify the person(s) I have named below as my emergency contact(s) of my condition, location, and way to contact me.

\_\_\_ I hereby grant to Cleo Parker Robinson Dance Company and to its employees, agents, assigns, and sponsors the right to photograph me or my dependent and use the photo and or other digital reproduction of me, him/her or other reproduction of me or his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

***I hereby sign that I have read and understand the terms and agreements and I agree to abide by them.***

Participant Signature:	Date:
Parent/Guardian Signature: (If Under 18)	Date:
Parent/Guardian Name: (Print)	
Emergency Contact:	Emergency Phone:
Please list any medical conditions, injuries, allergies, etc.:	

**Method of Payment: (pay to Cleo Parker Robinson Dance)**  
 (Circle one) CASH    M.O.    CC    CHECK

**Registration Fee:** (not included in tuition fees)    **\$20.00**

**CPRD Children's Week (June 18-22) Tuition:**    **\$350.00**

**CPRD Children's Week (June 25-29) Tuition:**    **\$350.00**

**Both CPRD Children's Week Tuition:**    **\$550.00**

**ISDI Teen/Adult Tuition (varies): (July 9-20)**    **\$25/class**

**Scholarship:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Amt Paid:**    **Date paid:**    **Balance Due:**    **Final paid:**

**Credit Card:** Visa\_\_\_ MC\_\_\_ AMEX\_\_\_

Card Number \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Work Study Agreement: (if applicable)**

**Processed by:** \_\_\_\_\_

**By signing below you agree to the financial terms negotiated. We appreciate any support, supplies, time, skills, etc. that you can contribute toward the success of our ISDI 2018. What days/hours are you available?** \_\_\_\_\_

**Terms:**

**Participant Signature:**