



The School of the Valley Dance Theatre

www.valleydancetheatre.com

2247 B 2nd Street (next to Bank of the West), Livermore CA 94550 • (925) 243-0925

2008–2009 Registration

One registration form per family; attach additional sheets if needed.

A \$25 registration fee payable one time a year per family is required.



Student(s) Information

Last name	First name	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male
Last name	First name	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male
Last name	First name	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address		Home phone number	
City / State		Zip	

Optional information, if available; recommended for students in Ballet IV and up:
Student cell phone _____ Student e-mail _____

Parent/Guardian Information (if student is under age 18)

Please list information for both parents if possible.

Mother: Last name	First name		
Mother: Cell phone	Work phone	E-mail	
Father: Last name	First name		
Father: Cell phone	Work phone	E-mail	

Home address, home phone different from those listed above? If so, please note.

Parent/Guardian Volunteers

VDT is a co-op school, non-profit organization. Each family volunteers to support the school and the many performance opportunities for students.

Please list any relevant areas of expertise or interest, such as:

<input type="checkbox"/> Database management and entry	<input type="checkbox"/> Marketing
<input type="checkbox"/> Accounting	<input type="checkbox"/> Costumes, sewing, crafts
<input type="checkbox"/> Cooking, baking for events	<input type="checkbox"/> Fund-raising
<input type="checkbox"/> Board member position	<input type="checkbox"/> Special events: VDT Gala, Sugar Plum Tea, etc.
<input type="checkbox"/> Other _____	

Please list any businesses you own or have contacts with, that might be able to assist the VDT, in areas such as: Printing; Marketing; Other

Previous Training (For multiple students in a family, please be clear.)

Classes Requested (For multiple students in a family, please be clear.)

How did you hear about VDT?

- Word of Mouth Saw Performance
 Yellow Pages Newspaper
 Dance Magazine Web Site (VDT or other?)
 Referral (by whom?)

Emergency Contacts

Emergency medical attention will be provided.

1. _____

2. _____

Please describe any allergies or medical conditions.

Please Read and Sign

(student over age 18, parent, or guardian)

- I understand that Valley Dance Theatre is not responsible for damaged, lost, or stolen personal property.**
- I have read and agree to abide by VDT Rules and Regulations.**
- I understand that fees are due at the beginning of each session or at registration; late fees are assessed 15 days after the session begins.**
- I accept full responsibility for any injury incurred at the school or in performance with the company.**
- I authorize emergency medical treatment for the named applicant(s).**
- I consent for the applicant(s) to participate in radio, television, audio and video recordings, and to be photographed, without compensation, to be used in publications and promotional materials approved by Valley Dance Theatre.**
- With this form I am submitting a registration fee of \$25 per family.**
- I understand that each family is expected to donate 10 hours of their time to the school over the course of the year.**