

CHS DANCE
MIDDLE SCHOOL CLINIC 4/15/26
& CONCERT PERFORMANCE 5/1/26

Participant's Name _____

Grade _____ Age _____ T-Shirt Adult Size : XS Sm Med Lg XL XXL

Parent/Guardian Name: _____

Address _____

Email: _____

Cell Phone: _____ Work Phone: _____

FOOD ALLERGIES: NO YES _____

\$60 Check Payable to: CHS Dance or Venmo- see registration details

***** IMPORTANT!!!!!! The Hold Harmless form MUST be filled out & signed before the dancer will be allowed to participate. Thank You! **CHS Dance Intensive Clinic & PERFORMANCE***

HOLD HARMLESS I, the undersigned, hereby release & discharge the Las Virgenes Unified School District, Board, Officers, Employees, Agents & Volunteers (Herein collectively referred to as "District") from all liability arising out of or in connection with the above listed activities including the use of photo, graphic or video images of my child(ren) used in District/School publications or on District/School websites. I also understand that the Las Virgenes Unified School District, Board, Officers, Employees, Agents and Volunteers provide no accident or medical coverage for participants. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgment of any and every kind that I, my heirs, executors, administrators, or assignees may have against the District, or that any other person or entity may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that results from any cause other than negligence of the District.

Name of Participant _____

Signature of Parent or Guardian _____

FOR DAY OF Clinic & Concert:

EMERGENCY CONTACT Name/phone: _____