



**BACK HANDSPRING and  
SIDE & FRONT AERIAL CLINIC**  
*Registration*

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

**Side & Front Aerial Clinic: 7/ 12 - 5:00PM - 6:30PM**

**Backhandspring Clinic: 7/26 - 5:00PM - 6:30PM**

**Side & Front Aerial Clinic: 8/2 - 5:00PM - 6:30PM**

**Backhandspring Clinic: 8/16 - 5:00PM - 6:30PM**

1 Clinic: \$25.00 2 Clinics: \$45.00 3 Clinics: \$60.00 4 Clinics: \$75.00

Permission to use pictures/videos on chickeedanceworld.com / Facebook / Twitter / Instagram

Please Circle: YES NO

**I give permission for my son/daughter to participate in CDW's BACK HANDSPRING and  
SIDE & FRONT AERIAL CLINIC and do not hold Chickee's Dance World liable for  
injuries obtained before, during or after class.**

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