



509 Parliament St, Toronto, ON M4X 1P3 | 416-924-5657 | www.theschoolofccdt.ca | schoolofccdt@ccdt.org

Student Information

NOTE: If your home address has changed since submitting your Audition registration, please send us updated contact info via email

First Name: _____ **Last Name:** _____

Birthdate: _____ **Age (as of July 1, 2026):** _____ **Pronouns:** She/her He/Him They/Them

Current Dance School: _____ **City/Province:** _____ / _____

Dancer Email (optional): _____

Please include if you wish to receive Sundance communications to this address

Primary Guardian/Emergency Contact: _____ **Relationship:** _____

Email: _____ **Phone:** _____

Secondary Guardian/Emergency Contact: _____ **Relationship:** _____

Email: _____ **Phone:** _____

Dancer Medical Information/Allergies/Medications/Injuries:

Photo & Video Release

Sundance/The School of CCDT may take photos and/or videos throughout Sundance, or request that participants submit photos and/or and videos of their dancing. These may be used for promotional purposes for Sundance/The School of CCDT. I waive all rights to any photos/videos and allow them to be used for their intended purposes. I understand that no fee or reimbursement will be offered.

Parent/Guardian: _____ **Signature:** _____ **Date:** _____

If you do NOT wish for photos/videos of your child to be used, please check here.

Health & Safety Agreement

- *I understand that if my child has new or worsening symptoms of illness, including but not limited to fever, cough, sore throat, nausea, vomiting, diarrhea, fatigue, headache, or nasal congestion, they must remain home. I understand that their symptoms must be improving for a minimum of 24 hours before returning to the studio.*
- *I understand that if my child becomes ill while attending Sundance, I will be contacted to pick them up from the studio as soon as possible.*
- *I understand that these Health & Safety policies are subject to change.*

Parent/Guardian: _____ **Signature:** _____ **Date:** _____

Medical & Liability Release

I certify that my child, _____, is in good physical condition and is able to participate safely in this program. All current medical conditions are outlined on this form.

I understand all classes will be conducted in the safest possible manner by trained professional instructors. I understand the inherent risk involved in the physical activity of dancing, and that despite precautions being taken by the studio, accidents and injuries may occur. By signing this release form, I assume all risks related to the use of any and all spaces used by SunDance & the School of CCDT. I agree to release from responsibility SunDance & the School of CCDT including all teachers, dancers, accompanists, staff members, and facilities used from any cause of action, claims, or demands now and in the future. I will not hold SunDance or the School of CCDT liable for any personal injury including but not limited to: scrapes, bruises, cuts, sprains, fractures, broken bones, concussions or death or any personal property damage/loss, which may occur on the premises before, during, between, or after classes.

Parent/Guardian: _____ Signature: _____ Date: _____

Additional Agreements

I understand that **once full tuition has been paid, all fees are non-refundable.**

Signature: _____ Date: _____

I understand that my **email & mailing info** will remain in the possession of CCDT for company/school communication purposes only.

Signature: _____ Date: _____

If you do NOT wish to receive future correspondence, please check here

SunDance 2026 Program Fees

FULL 3-Week Program (July 6-24)

Tuition: **\$1,850**

Registration Deadline: April 1st, 2026*

1-Week Intro Program (July 6-10)

Tuition: **\$700**

Registration Deadline: April 1st, 2026*

Residence Program (July 5-25)**

Residence fees: **TBD**

Registration must be received **ASAP** if residence is required, **limited spots available**

**Students that do not submit a completed Registration Form and payment by the April 1st Registration Deadline may risk losing their spot in the program to a dancer on the waitlist.*

*** Residence is available only for the 3-week program.*

Payments are due upon registration. Please see page 3 for payment details.

Method of Payment (Please check one)

E-Transfer to dlundmark@ccdt.org (please use password **Dance2026**, put [Student Name - SunDance] in the memo field)

VISA/MC card number: _____ **Exp:** _____ / _____ **3-Digit Code:** _____
(\$10.00 surcharge applies)

Name on Card: _____ **Signature:** _____

OFFICE USE ONLY

Date Form Received: _____

Date Payment Received: _____

Payment Method: _____

Processed & Receipt Sent