



## CCDT Teacher Training Intensive Application Form

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

Phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

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

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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Medications/Medical Issues

**Please select one of the following:**

Teacher Training Intensive = \$850.00 (seminars included) [ ]

Teacher Training Seminars only x 6 = \$200.00 [ ]

If you are interested in taking single seminars at \$40.00 per class please contact CCDT Teaching Training Intensive coordinator  
Meaghan Giusti- [m.giusti@yahoo.ca](mailto:m.giusti@yahoo.ca)

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**Release Form**

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Name of participant

I hereby certify that I am in good physical condition and am able to participate fully in this program. All current medical conditions requiring medications are outlined below. I understand the inherent risk involved in the physical activity of dancing and I release The School CCDT and its teachers from liability in case of accident or injury. I understand that all classes will be conducted in the safest possible manner by trained professional instructors.

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Signature of participant

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Date