

Center Stage Fall/Winter 2019-2020 Registration Form

Student Information:

Dancer's First & Last Name: _____

Dancer's Date of Birth (Month, Day, Year): _____

Parent/Guardian's First & Last Name: _____

Parent/Guardian's First & Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Cell Phone: _____ Mom Dad Dancer

Cell Phone: _____ Mom Dad Dancer

Cell Phone: _____ Mom Dad Dancer

Medical Issues/Allergies: _____

Classes Enrolling in:

Full Class Name	Day of the week	Time

Class placement is by Instructor ONLY. New students need to arrange for a trial class and receive instructor approval prior to registration in any classes.

For Office Use Only:

Registration Fee: Cash Check Credit Card

Amount: _____ Date Received: _____

Recital Fee: Cash Check

Amount: _____ Date Received: _____

1st Month's Tuition: Cash Check Credit Card

Amount: _____ Date Received: _____

Participation Waiver

I understand that there are risks of physical injury associated with, arising out of, and inherent to the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Center Stage Dance & Performing Arts Center, its employees, and/or instructors.

I hereby agree to release Center Stage Dance of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance on behalf of the participant.

I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

I also give Center Stage Dance permission to use my child's picture in or on any form of advertisement for Center Stage Dance or a Center Stage Dance affiliated event.

Dancer's First & Last Name: _____

Parent/Guardian's First & Last Name: _____

Parent/Guardian's Signature: _____

Date: _____