Student	
Name:	

LEVEL:

TINY TOT 2\*+ yrs

MINI 4+ yrs

JUNIOR 7+ yrs

INTER 10+ yrs

SENIOR 13+ yrs



PROGRAM:	OPEN	ELITE		REGISTRATION FORM	
				PLEASE READ AND SIGN THE FOLLOWING INDEMNITY CLAUSE:	
CLASSES ENROLLED IN: CLASS		DAY	TIME	I hereby assume all of the risks arising out of, incidental to, or in any way connected with my or my child's participation in dancing lessons provided by Centre Stage Dance Studio (CSDS) and its teachers or agents, including, but not limited to, any risks which are not foreseeable.	
				I hereby release CSDS and all its officers, directors, employees, including teachers and supervisors from any and all liability and any and all claims arising out of, incidental to, or in any way connected with my or my child's participation in any lessons, competitions, performances and/or outdoor camps on or off studio premises, including virtual classes via Zoom.	
				<ul> <li>I (we) consent to the participation of the student named below in these lessons. I (we) make the acknowledgements, assume the risks and responsibilities and release the above named school and teachers in accordance with this release, acknowledgement and assumption of risk for and on behalf of myself and the student named below.</li> </ul>	
				I hereby acknowledge the terms and conditions and the rules and regulations stated in this form and will adhere to them.  COVID-19 CLAUSE:	
				Should our studios be required to suspend in-studio classes due to an	
		<del></del>		Emergency Declaration or other required closure(s), all dance	
				classes will continue virtually via Zoom following the same in-studio	
				schedule until re-opening is possible. All classes held virtually will not	
			_	be made up in-person. Refunds will not be issued.	
				Name of Student:	
				Newsoft	
				Name of Parent/Guardian:	
TOTAL DANCE H	OURS:			(please print)	
TOTAL DANCE IN	JUN3	_		Signature of	
Address:				Parent/Guardian:	
City:		Postal Code	e:	Date:	
Telephone # Home	<b>.</b>	<del></del>			
rolophono n	·			I agree in providing my email address that I may receive messages that	
Cel	l:			contain commercial content due to class/program details. (please check box)	
)				any	
VVOC	С:			Media Release Form Signed	
Email:					
				REGISTRATION FEE: \$30 CLASS FEE: \$	
Mother's Name: Father's Name:				The second secon	
Age:	Birthdate <sup>.</sup>	//	1	DATE RECEIVED:	
J		d m	y	December 75	
Physical			-	Payment Type:	
Limitations:	All	ergies:		<ul> <li>E-transfer (centrestagedance86@gmail.com)</li> </ul>	