Student Name: _____

LEVEL: ☐ TUTU TOTS 2*+ yrs ☐ KINDY 4+ yrs ☐ MINI 6+ yrs ☐ JUNIOR 7+ yrs ☐ INTER 10+ yrs ☐ SENIOR 13+ yrs

Centre Stage dance studio est 1986

WHERE ASPIRING YOUNG DANCERS DEVELOP

PROGRAM: ☐ OPEN ☐ ADV ☐ CREW

REGISTRATION FORM

CLASSES ENROLLED IN:

CLASS	DAY	TIME

TOTAL DANCE HOURS: _____

Address: _____

City: _____ Postal Code: _____

Telephone # Home: _____

Cell: _____

Work: _____

Email:

_____

Parent(s)/Guardian(s): _____

Age: _____ Birthdate: _____ / _____ / _____
d m y

Physical Limitations: _____ Allergies: _____

PLEASE READ AND SIGN THE FOLLOWING INDEMNITY CLAUSE:

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.

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.

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 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: _____

Name of Parent/Guardian: _____
(please print)

Signature of Parent/Guardian: _____

Date: _____

☐ I agree in providing my email address that I may receive messages that contain commercial content due to class/program details.
(please check box)

☐ Media Release Form Signed

REGISTRATION FEE: $30 CLASS FEE: $_____

DATE RECEIVED: _____

Payment Types:

☐ E-TRANSFER ☐ DEBIT ☐ VISA ☐ MASTERCARD

e-transfer: centrestagedance86@gmail.com

ALL TUITION FEES ARE NON-REFUNDABLE