

*Terpsicorps Theatre of Dance Asheville Summer Intensive 2010*

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

D.O.B. \_\_/\_\_/\_\_ S.S.# \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

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

\_\_\_\_\_

Parent or Guardian

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

Day Phone: \_\_\_\_\_ Evening: \_\_\_\_\_

Address (if different from dancer): \_\_\_\_\_

\_\_\_\_\_

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

Second Emergency Contact:

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

\_\_\_\_\_

Medical History 2010

Student's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy # \_\_\_\_\_

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

Name of Policy Holder: \_\_\_\_\_

Policy Holder Social Security: \_\_\_\_\_

Please list all existing medical conditions including known allergies or medications the student cannot take:

Please list all existing prescriptions the student is currently taking:

**IMPORTANT: Please return this form along with a copy of your health insurance/prescription card.**

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Tuition Form

Parent/Guardian Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Parents Email Address: \_\_\_\_\_

- Week of June 21<sup>st</sup>-25<sup>th</sup> : non refundable \$500 ages 11 & up
- Week of June 21<sup>st</sup>-25<sup>th</sup>: non refundable \$300 ages 9-11

Payment Methods (Please check one)

- check made payable to Center Stage Dance Studio
- please charge my credit card:

Name on card: \_\_\_\_\_

Card Number : \_\_\_\_\_

Expiration Date: \_\_\_\_\_ VDC: \_\_\_\_\_

Master Card, Visa and American Express accepted

Amount to be billed: \_\_\_\_\_

Signature: \_\_\_\_\_

*Center Stage Dance Studio*  
*PO Box 2030*  
*Skyland, NC 28776*  
*828-654-7010*  
*Fax: 828-654-7150*  
[\*csdance@bellsouth.net\*](mailto:csdance@bellsouth.net)

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NOTICE OF DESIGNATION OF SUROGATEFOR EMERGENCY  
HEALTHCARE/POWER OF ATTORNEY

**Please Note: We will not accept a student who is under 18 into the summer program until this form is completed along wit a copy of health insurance plan card.**

I \_\_\_\_\_, being duly sworn, depose and say:  
Parent/Guardian

That I am the parent/guardian of \_\_\_\_\_. I do hereby designate  
Child's Name

Staff member of the Center Stage/Terpsicorps Theatre of Dance to authorize any and all medical care and treatment that may be needed by \_\_\_\_\_ from  
Child's Name

June 21st- June 25<sup>th</sup>, 2010. I agree to be responsible for any medical fees incurred in connection with any such medical care and treatment.

\_\_\_\_\_  
Parent/Guardian

STATE OF:  
County of:

Sworn and subscribed to me this: \_\_\_\_\_ day of \_\_\_\_\_, 2010

By \_\_\_\_\_

Known to me or who produced \_\_\_\_\_ as  
Identification.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

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