



Center Stage Registration Form 2010-2011

Dancer's Name: _____

Parent's Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Cell: _____ Alternative Cell: _____

Email(this is important for our newsletters & account information): _____

Emergency contact name: _____

Emergency Contact Phone: _____

Birthday: _____ School: _____

Grade: _____ How did you hear about us? _____

This will be my _____ year dancing at Center Stage.

Important Medical Information: _____

I understand and acknowledge that there is a risk of injury inherent in dance activities and that personal injury or damage to property may result during participation in dance and related activities. I represent that _____(child) is physically able to safely participate in dance and related activities. I agree to assume all risks associated with my child's participation in dance instruction, rehearsal, performance and related activities. In consideration, of receiving dance instruction and Center Stage, I hereby waive, release and discharge all present and future claims and liabilities of any kind, whether for bodily injury, property damage, or other loss, arising out of my child's participation in dance and related activities, including but not limited to dance instruction, rehearsals, and performances, whether conducted on or off Center Stage premises. I also acknowledge that I am responsible for delivering my child to the studio and picking her/him up and that the studio is not responsible for a child that leaves the premises. If the parents or Emergency Contacts cannot be reached in case of an emergency, consent is given for my child to receive medical or surgical care as recommended by the physician or hospital.

I have read this release, understand it, and hereby agree to its terms. I also consent to photography and recording of my child for its usage in promotional and public relations activities. All recordings are property of Center Stage.

I have received the Center Stage Dancer Registration Form with the 2010-2011 Studio Calendar and agree to the terms regarding all related program fees and deadlines. I understand and agree to the withdrawal policy of a 30 day written notification form as well as any changes to the dancer's class schedule.

Signature of Parent or Guardian

Date

Class/ Level	Day / Time	Min/Hr	Tuition	Costume	Reg.	Recital Fee

Parent/ Guardian

Date

Please draft the account on file _____

Please return this registration form and tuition payment to:
Center Stage PO Box 2030 Skyland , NC 28776 (828)654-7010
www.centerstage1.com