



# 2015-2016 REGISTRATION FORM

Jazz\_\_ Tap\_\_ Ballet\_\_ Acro\_\_ Stretch\_\_ Hip Hop\_\_ Modern\_\_ Musical Theatre\_\_  
Lyrical\_\_ Solo\_\_ Duet/Trio\_\_

Combo Classes: Acro/tap\_\_ Acro/Jazz\_\_ Ballet/Tap\_\_

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New or Returning Student (please circle one)

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

Date of Birth: MM/DD/YY Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_ - \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Email address \_\_\_\_\_

Please list any conflicting days. We will try our best to accommodate everyone.

Does the Student have any medical conditions we should be aware of? YES NO

If YES please describe \_\_\_\_\_

I the undersigned acknowledge the physical and active nature of dance and release **Center Stage School of Dance** and its instructors from any and all injuries that I and or my child may incur while on the studio premises or other locations as designated by the studio.

I also give permission to allow myself and or my child to participate and perform in shows put on by the studio and do fully understand these shows may be videotaped.

A \$25 charge will be applied for any cheques returned NSF

\_\_\_\_\_  
Signature of Parent/Guardian