



2018-2019 REGISTRATION FORM

Jazz___ Tap___ Ballet___ Acro___ Stretch___ Hip Hop___ Modern___ Musical
Theatre___ Lyrical___ Open___ Solo___ Duet/Trio___

Combo Classes: Ballet/Tap_____

How did you hear about us? ___Advertising ___ Internet ___ Friend ___ Other

New or Returning Student (please circle one)

Student's Name: _____ Age: _____ Date of Birth: MM/DD/YY

Address: _____

City: _____ Postal Code: _____

Home Phone: ____ - _____ Work Phone ____ - _____

Health Card Number: _____

Contact Information: Mother _____ Father _____

Email address: _____

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 children 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