unlock unleash control

by centre stage dance studio

Registration Form

Student Name:

☐ **TINY TOT** 2*+ yrs ☐ **OPEN** ☐ **ELITE**
- ☐ Tiny Tot Rhythms

☐ **MINI** 4+ yrs ☐ **OPEN** ☐ **ELITE**
- ☐ Ballet ☐ Combo 1 (ballet/tap/jazz) ☐ Combo 2 (ballet/ tap/jazz)
- ☐ Hip Hop

☐ **JUNIOR** 7+ yrs ☐ **OPEN** ☐ **ELITE**
- ☐ Ballet ☐ PMT **x** ____hrs ☐ Jazz ☐ Tap ☐ Acro
- ☐ Hip Hop ☐ Tricks/Turns ☐ Showtime Crew

☐ **INTER** 10+ yrs ☐ **OPEN** ☐ **ELITE**
- ☐ Ballet ☐ PMT **x** ____hrs ☐ Jazz ☐ Tap ☐ Acro
- ☐ Lyrical ☐ Hip Hop ☐ Tricks/Turns ☐ Showtime Crew

☐ **TWEENS/TEENS** 12-17 yrs ☐ **OPEN**
- ☐ Intro to Dance

☐ **SENIOR** 13+ yrs ☐ **OPEN** ☐ **ELITE**
- ☐ Ballet ☐ PMT **x** ____hrs ☐ Jazz ☐ Tap ☐ Acro
- ☐ Contemporary ☐ Hip Hop ☐ Tricks/Turns ☐ Showtime Crew

☐ **UNLOCK** 7+ yrs
- ☐ Ballet ☐ PMT **x** ____hrs ☐ Jazz ☐ Tap ☐ Acro
- ☐ Hip Hop ☐ Tricks/Turns ☐ Showtime Crew

☐ **UNLEASH** 10+ yrs
- ☐ Ballet ☐ PMT **x** ____hrs ☐ Jazz ☐ Tap ☐ Acro
- ☐ Lyrical ☐ Hip Hop ☐ Tricks/Turns ☐ Showtime Crew

☐ **CONTROL** 13+ yrs
- ☐ Ballet ☐ PMT **x** ____hrs ☐ Jazz ☐ Tap ☐ Acro
- ☐ Contemporary ☐ Hip Hop ☐ Tricks/Turns ☐ Showtime Crew

Address: _____

City: _____ Postal Code: _____

Telephone # Home: _____

Cell: _____

Work: _____

Email: _____

Mother's Name: _____ Father's Name: _____

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

Physical Limitations: _____ Allergies: _____

PLEASE READ AND SIGN THE FOLLOWING IDNEMNITY 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 and or performances.

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.

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)

Please make all cheques payable to:
CSDS (Centre Stage Dance Studio)

Note: A fee of $25.00 will be charged on all cheques returned N.S.F. due to closed accounts, etc., to cover bank charges and administrative fees incurred by Centre Stage Dance Studio.

REGISTRATION FEE: $30

CLASS FEE: $_____

PAYMENTS RECEIVED:
☐ REG ☐ SEPT ☐ DEC ☐ MAR

☐ CASH
☐ CHQ#_____
☐ VISA ☐ MC
☐ DEBIT
☐ E-TRANSFER

☐ **PRE-AUTHORIZED PAYMENT FORM FILLED OUT & ATTACHED**

Last name on cheques: *(if different than student's last name)*

_____

☐ Costume Deposit Signed & Paid

☐ Photo Release Form Signed