



unlock unleash control

by centre stage dance studio inc.

Registration Form

Student Name:

- TINY TOT** 2*+ yrs
 Ballet Foundations OPEN Tiny Tot Rhythms ELITE
-
- MINI** 4+ yrs
 C. Ballet F. Combo (ballet/tap/jazz) OPEN ELITE
 Combo (jazz/tap/hip hop) Combo (ballet/jazz/acro) Hip Hop
-
- JUNIOR** 7+ yrs
 C. Ballet F. PMT x ____ Jazz Tap Acro
 Lyrical Hip Hop Showtime Crew OPEN ELITE
-
- INTER** 10+ yrs
 C. Ballet F. PMT x ____ Jazz Tap Acro
 Lyrical Hip Hop Showtime Crew OPEN ELITE
-
- SENIOR** 13+ yrs
 C. Ballet F. PMT x ____ Jazz Tap Acro
 Contemporary Hip Hop Showtime Crew OPEN ELITE
-
- UNLOCK** 7+ yrs
 C. Ballet F. PMT x ____ Jazz Tap Acro
 Lyrical Hip Hop
-
- UNLEASH** 10+ yrs
 C. Ballet F. PMT x ____ Jazz Tap Acro
 Lyrical Hip Hop
-
- CONTROL** 13+ yrs
 C. Ballet F. PMT x ____ Jazz Tap Acro
 Contemporary Hip Hop

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 Inc. and its teachers or agents, including, but not limited to, any risks which are not foreseeable.

I hereby release C.S.D.S. Inc. 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)* _____

Date: _____

Signature of Parent /Guardian: _____

Address: _____

City: _____ Postal Code: _____

Telephone # Home: _____

Cell: _____

Work: _____

Email: _____

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

Age: _____ Birthdate: _____ / _____ / _____
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Physical Limitations: _____ Allergies: _____

I agree in providing my email address that I may receive messages that contain commercial content. *(please check box if yes)*

Please make all cheques payable to:

C.S.D.S. Inc. (Centre Stage Dance Studio Inc.)

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 Inc.

REGISTRATION FEE: \$30 CLASS FEE: \$ _____

CASH CHQ# _____ DEBIT VISA MC

DATES RECEIVED: _____

Costume Deposit Signed & Paid

Photo Release Form Signed

UUC PDP Contract Signed

PRE-AUTHORIZED PAYMENT FORM FILLED OUT & ATTACHED

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