Student Name: unlock unleash control by centre stage dance studio Camp/Summer Registration Form J SUMMER DANCE CAMP – DANCE MANIA! SUMER DAN PLEASE READ AND SIGN July 30 – August 3 THE FOLLOWING IDNEMNITY CLAUSE: 5 - 11 yrs I hereby assume all of the risks arising out of, incidental to, or in any SUMMER DANCE CAMP - I ♥ DANCE! } \$275 tx incl way connected with my or my child's participation in dancing lessons provided by Centre Stage Dance Studio and its teachers or agents, 5 - 11 yrs including, but not limited to, any risks which are not foreseeable. I hereby release C.S.D.S. and all its officers, directors, employees, BROADWAY BABIES } \$65 tx incl including teachers and supervisors from any and all liability and any August 13 – 17 @ 10am – 10:45am and all claims arising out of, incidental to, or in any way connected 2 ½ - 4 yrs with my or my child's participation in any lessons, competitions and or performances. ACRO ARTS INTENSIVE \$325 tx incl I (we) consent to the participation of the student named below in these lessons. I (we) make the acknowledgements, assume the risks August 20 - 24 and responsibilities and release the above named school and teachers 8 yrs + in accordance with this release, acknowledgement and assumption of risk for and on behalf of myself and the student named below. THE WEEKEND WORKSHOP – SUMMER INTENSIVE \$ \$275 I hereby acknowledge the terms and conditions and the rules and July 20 - 22 regulations stated in this form and will adhere to them. 13 yrs + Name of Student: ____ THE WEEKEND WORKSHOP – SUMMER INTENSIVE \\$250 July 27 - 29 7 - 12 yrs Parent Signature: ______ Postal Code: _____ I agree in providing my email address that I may receive Telephone # messages that contain commercial content due to class, camp and event pricing. Please make all cheques payable to: Work: ____ C.S.D.S. (Centre Stage Dance Studio) Note: A fee of \$25 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. FEE: ____ CHQ#_____ DEBIT CASH VISA MC. E_TRANSFER (sent to unlockunleashcontrol@gmail.com) Birthdate: _ DATE RECEIVED:

Physical Limitations: _____ Allergies: ___