Student	
Name:	

LEVEL:

TINY TOT 2*+ yrs

MINI 4+ yrs

JUNIOR 7+ yrs

INTER 10+ yrs

SENIOR 13+ yrs



by centre stage dance studio

PROGRAM:	OPEN	ELITE	PDP	REGISTRATION FORM
				PLEASE READ AND SIGN THE FOLLOWING INDEMNITY CLAUSE:
CLASSES ENRO CLASS	OLLED IN:	DAY	TIME	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, performances and/or outdoor camps on or off studio premises, including virtual classes via Zoom.
				 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. COVID-19 CLAUSE:
			_	Should our studios be required to suspend in-studio classes due to an
				Emergency Declaration or other required closure(s), all dance
		-		classes will continue virtually via Zoom following the same in-studio
				schedule until re-opening is possible. All classes held virtually will not be made up in-person. Refunds will not be issued.
			-	_
				Name of Student:
				Name of
			_	Parent/Guardian:
TOTAL DANCE HO	OURS:	_		(please print)
Address:				Signature of
City:		Postal Code	e:	Parent/Guardian:
				State.
Telephone # Home: Cell:				☐ I agree in providing my email address that I may receive messages that contain commercial content due to class/program details. (please check
Cei	II			bax)
Work	c:			☐ Media Release Form Signed
Email:				REGISTRATION FEE: \$30 CLASS FEE: \$
Mother's Name: Father's Name:				DATE RECEIVED:
Age:	Birthdate:	/		
		d m	У	☐ PRE-AUTHORIZED PAYMENT FORM FILLED OUT & ATTACHED
Physical Limitations:	All	eraies:		Payment Types:
	710	- 3		□ E-TRANSFER □ DEBIT □ VISA □ MASTERCARD
				e-transfer: unlockunleashcontrol@gmail.com
				ALL TUITION FEES ARE NON-REFUNDABLE