SUMMER DANCE 2023 REGISTRATION FORM

CSDS = NEW HAMBURG STUDIO **UUC = KITCHENER STUDIO**

HALF AND FULL DAY CAMPS

GROOVE AND GO

JULY 17th - 21st @ CSDS

Ages 5-9

- HALF DAY (9:00a.m. 12:00p.m.) \$150 + HST
- FULL DAY (9:00a.m. - 4:00p.m.) \$275 + HST

GFT SUMMER INTENSIVE

- JULY 24th 28th @ UUC
 - 12 and under (8:30a.m. 3:00p.m.)
 - 13 and over (3:00p.m. - 9:30p.m.) \$450 (tax included)

RAZZLE DAZZLE

AUGUST 14th - 18TH @ UUC

Ages 5-9

- HALF DAY (9:00a.m. - 12:00p.m.) \$150 + HST
- FULL DAY (9:00a.m. - 4:00p.m.) \$275 + HST

MOVIN' MINIS CAMPS

MOVIN' and SHAKIN' (ballet and tap)

Ages 2-4 yrs 4:30p.m. - 5:15pm \$88 + HST

JULY 17th-21st @ CSDS

AUGUST 14th-18th @ UUC

Address:			
City:		Postal Code:	
Telephone #	Home:		
	Cell:		
	Work:		
Email:			
		Father's Name:	-
Age:	····	Birthdate: / / / y	
Physical			
Limitations:		Allergies:	



PLEASE READ AND SIGN THE FOLLOWING INDEMNITY CLAUSE:

I hereby assume all of the risks arising out of, incidental to, or in any way connected with my participation in classes 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 participation in any and all classes on or off studio premises, including virtual classes via Zoom.

I consent to the participation of the client named on this form in these classes. I make the acknowledgements, assume the risks and responsibilities and release the above named studio and teachers in accordance with this release, acknowledgement and assumption of risk for and on behalf of myself, the client named on this form.

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 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: (please print)

Signature of Parent/Guardian: ____

Date:

FEES: \$

I agree in providing my email address that I may receive messages that contain commercial content due to class/program details. (please check box)

Media Release Form Signed

Payment must be made at time of registration.

Registration is not considered complete until: a) this registration/waiver form is submitted

b] payment has been received

ALL FEES ARE NON-REFUNDABLE

We accept:

E-transfer: centrestagedance86@gmail.com / unlockunleashcontrol@gmail.com

DATE RECEIVED: