

Center Stage Dance Company

Student's Name _____

Date of Birth _____ Age _____ New or Existing Student _____

If New Student, how did you hear about Center Stage Dance Company?

___ Friend/Family ___ Website/Internet ___ Ad in After School Magazine

___ Facebook ___ Drive-By ___ Other (please explain) _____

Siblings Also Enrolled _____

Mothers Name _____ Contact # _____

Fathers Name _____ Contact # _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Emergency Contact (not a parent) Name and #

For Office Use Only

Paid By: CHECK OR CASH Check # _____ Total Amount Paid \$ _____

Registration _____ Tuition _____ Shoes _____ Costume Deposits _____

Class Day & Time _____

Class Day & Time _____

Class Day & Time _____

Class Day & Time _____

Class Day & Time _____

Class Day & Time _____

Use of Likeness for Studio Promotion in Advertising, Fliers, Facebook Etc...

_____ Yes, Center Stage Dance Company has my permission to use my child's likeness in studio promotion
—including but not limited to: Advertising, Informational Fliers, Facebook, Etc...

_____ No, Center Stage Dance Company does not have my permission to use my child's likeness in studio promotion
—including but not limited to: Advertising, Informational Fliers, Facebook, Etc...

Parent Signature: _____ **Date:** _____

Center Stage Dance Company Consent For Medical Treatment

As the parent or legal guardian, I hereby give consent to Center Stage Dance Company and its employees to provide all emergency dental or medical care prescribed by a duly licensed physician (MD) or dentist (DDS) for my child. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

_____ **Date**

_____ **Parent/Guardian Signature**

Does your child have any medical concerns or allergic reactions of which we should be aware?

If Yes, Please explain: _____

Warning Agreement To Obey Instructions, Release, Assumption of Risk, And Hold Harmless

- A. I am aware that performing or practicing to perform/participate in dance or dance related activities can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of performing or practicing to perform/participate in these activities include, but are not limited to, neck and spinal injuries, injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and injury or impairment to other aspects of my body, general health and wellbeing.
- B. Because of the dangers of participating in dance or dance related activities, I recognize the importance of following teachers' instructions regarding proper techniques, training and other class rules, etc., and to obey such instructions.
- C. In consideration of Center Stage Dance Company for permitting me to participate in dance or dance related activities, I hereby assume all risks associated with participating and agree to hold Center Stage Dance Company, its employees, agents, representatives, coaches, and all volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Center Stage Dance Company. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I voluntarily sign my name evidencing my acceptance of the above provisions, and further agree that no oral representations, statements or inducements apart from this agreement have been made.

I have read this document. I understand that it is a release of all claims.

1. _____ **Parent or Guardian (Signature/Relationship)** _____ **Date**

2. _____ **Child Name** _____ **Date**