

Center Stage Registration Form

Session: _____ Year _____

Student's **Last** Name _____ **First** Name: _____

Date of Birth _____ Age _____ Grade _____ School Attending _____

Person Responsible for paying Tuition _____ DOB _____ SSN# _____

Mailing Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Mother's Name _____ Father's Name _____

Workplace _____ Workplace _____

Work Phone _____ Work Phone _____

Parent's email address _____ (to send newsletters, reminders, etc.)

Emergency Contact _____ Phone _____

Does the student have any physical conditions or limitations the instructors should be aware of?

Yes _____ No _____ If so, please explain _____

Previous Years Training & Where _____

How many years taken at Center Stage _____

Classes wanted: Ballet _____ Tap _____ Jazz _____ Clogging _____ Hip Hop _____ Pointe _____ Contemporary _____
Pre Ballet _____ Lyrical _____ Company _____ Acro _____ Mommy & Me _____

How did you hear about us? _____ Newspaper _____ Word-of-mouth _____ Social Media

_____ Other (if other, how?) _____

I HAVE READ, understand and agree to abide by the policies of Center Stage Dance. I am agreeing to be responsible for all payments due. I, the undersigned, accept the fees charged as a legal and lawful debt and agree to pay said fees, including any/all costs of collection,(33.33%), attorney fees and/or court costs, if such be necessary. I wave now and forever my rights of exemption under the laws of the constitution of the State of Alabama and any other states. I, the undersigned, give Center Stage, its employees and/or agents "express prior consent" to contact me at any/all phone numbers, including cell phone numbers (by phone call or text message), for the purpose of payment. Tuition is payable on or before the 1st of each month. If tuition is not paid by the 10th, a late fee of \$15 will be charged to your account. Once enrolled, you have reserved a class slot. This slot is yours whether you attend class or not. You are therefore responsible for tuition whether you attend or not. I understand that written notification is required prior to the month of withdrawal and tuition will be billed, including late fees, until written notice is received by the office. Make-up classes will be given (if class space allows) to students who inform us in advance of an absence. Make-ups must be scheduled within 30 days of the absence. I understand that in any movement educational class, there are risks that could involve injury. I release Center Stage and its instructors from any liability in case of accidental injury. I allow the staff to take emergency medical action in case of injury. I hereby release, indemnify and hold harmless C. G. Dance Studio, Inc. doing business as Center Stage Dance Studio and any of their employees or representatives from any and all liability or claims however arising.

Parent/ Guardian Signature _____ Date _____

Please sign, date, and include your \$35 registration fee to reserve your place in the school.
Class sizes are limited and will be filled in the order registrations are received.

OFFICE USE ONLY:

Registration Fee: Date Paid _____ Cash _____ Check No. (_____) _____ Credit Card

Class(es) Assigned: _____

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