



## 2010-2011 Registration Form

Student's Name \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Full Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Student's Cell \_\_\_\_\_

Email \_\_\_\_\_ Student's Email \_\_\_\_\_

Age as of September 1, 2010 \_\_\_\_\_ Grade \_\_\_\_\_

Please list any: Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

### Classes (Please let instructor fill out)

Class and Level

Day and Time

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Registration Fee \$20 Paid Cash \_\_\_\_\_ Check # \_\_\_\_\_

Monthly Tuition Due: \_\_\_\_\_

Date Registered: \_\_\_\_\_

**Emergency Contacts:**

1. Name \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Phone \_\_\_\_\_

**Liability Waiver and Medical Consent:**

As a participant or as a parent/guardian of a participant in Stage One Dance Studio, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume full risk of any injuries, including damages, death, or loss which may be sustained as a result of participation in any activities connected with Stage One Dance Studio.

I agree to waive and relinquish all claims against Stage One Dance Studio and its faculty members from any and all claims resulting from participation in the program.

In case of accident or sickness, I consent to emergency medical care for my child/myself to be provided by ambulance or hospital personnel.

I also consent to the use of my child's/my photograph in advertising materials such as brochures, programs, slide presentations, and publications.

I have read and understood the policies of Stage One Dance Studio.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date