



Performing Arts Academy

Registration Form, Medical Release & Waiver and Release of Liability Form

Student Name _____ Birth date: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Email address: _____

Name of School: _____ Grade _____

Dance experience (include other schools in which you or your daughter/son/ward have taken): _____

Parent/guardian contact numbers: _____

In case of an emergency, notify: _____ Relationship _____

Home Phone (____) _____ Day Phone (____) _____

If this person cannot be reached, please contact: _____

Relationship _____

Home Phone (____) _____ Day Phone (____) _____

How did you hear about us? _____

IMPORTANT

This form must be signed in THREE (3) places. Anyone not having this form properly filled out and signed by a parent or legal guardian will not be allowed to participate or continue to participate in the classes or recital at CenterStage.

Permission for use of Photograph

Permission is granted to use my daughter's/son's/ward's picture in future advertisement and literature for CenterStage Performing Arts Academy and events sponsored and conducted by them.

Date:

Parent/Legal Guardian

Waiver & Release of Liability

I, the undersigned parent/guardian, do hereby give permission for my daughter/son/ward to attend and participate in dance events (classes) sponsored by CenterStage Performing Arts Academy. I hereby acknowledge that by attending and participating in dance events (classes) that there is a possibility of physical illness or serious/fatal injury to my daughter/son/ward and I do hereby for myself and others who might have a similar claim waive, release and forever discharge any and all rights and claims for injury, which may arise now or in the future against CenterStage Performing Arts Academy, its owners, operators, officers, agents or representatives for any and all damages which my daughter/son/ward may sustain or suffer while attending and participating in the events (classes).

Date:

Parent/Legal Guardian

Medical Information

This form does not require a physical examination. Please answer the questions below.

Please list allergies:

Please list allergies to medications:

Please list any medications which you or your daughter/son/ward are currently taking:

Please list any surgeries which you or your daughter/son/ward have EVER had:

Please list any known illness which you or your daughter/son/ward have:

Please make any necessary comments concerning physical condition, restrictions, etc., if any:

Medical Treatment Authority

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son/ward to attend dance events (classes) sponsored and conducted by CenterStage Performing Arts Academy. In order for my daughter/son/ward to receive the necessary medical treatment in the event of injury or illness, I hereby authorize CenterStage Performing Arts Academy's staff members to obtain medical treatment for my daughter/son/ward for such injury or illness during any event (class), and hereby hold CenterStage Performing Arts Academy and their representatives harmless in the exercise of this authority.

I further acknowledge, understand and agree that in participating in these events (classes) there is a possibility of physical injury or illness by her/his participation. I assume full financial responsibility for such treatment.

Date:

Parent/Guardian

CenterStage

Performing Arts Academy
2011-2012

**Please read and initial each item. Please sign and date the bottom of the page.
Return this form with registration application. Thank you.**

_____ I have received and read the Information Sheet, Tuition Sheet, Dress Code, and Safety Rules.

_____ I understand that the studio, the instructors and fellow students are to be treated with respect at all times. I understand that it is my responsibility to ensure that my child understands and follows all studio and class rules.

_____ I understand the payment policies and will adhere to them.

_____ I understand that participation in the recital is optional. If I choose to participate, costumes will need to be purchased at the parent's expense. The costume payment on each costume purchased is due by December 2nd. A recital fee (\$50.00) is due in April. (No admission is charged and the public is invited).

_____ I understand that notes will be sent via email, posted on the bulletin board and/or on the website at www.performcenterstage.com on a regular basis. I understand that it is my responsibility to ask my child if a note has been sent home and to periodically come into the dance studio to read the notes.

_____ I understand that it is my responsibility to make sure that my child enters and exits the studio safely.

Student Name: _____

_____ Parent or Guardian signature

_____ Date