

• 2017-2018 CENTER STAGE DANCE ACADEMY REGISTRATION FORM •

Student First Name                                  Student Last Name                                  Student Middle Initial

Mother's/Guardian's First & Last Name                                  Father's/Guardian's First & Last Name

Address    City    Zip

Home Phone                                  Dad Cell Phone                                  Mom Cell Phone                                  Student Cell Phone

Date of Birth                                  Age                                  School                                  Grade in Fall 2017

**CURRENT PARENT E-MAIL**                                  **CURRENT STUDENT E-MAIL**                                  Opt-In To Studio Text Messaging? (yes or no)

• REGISTERED CLASSES •

Staff to fill out this section.

CLASS	DAY	TIME	

**TOTAL AMOUNT OF TIME PER WEEK SPENT AT CSDA:**  
**TUITION CHARGE FOR GROUP CLASSES:**  
**TUITION CHARGE FOR SOLO/DUET/TRIO CLASS(ES):**  
**DISCOUNT FOR MULTIPLE CHILD:**  
**DISCOUNT FOR STUDENT ASSISTING:**  
  
**TOTAL MONTHLY TUITION:**  
**REGISTRATION FEE:**  
**1<sup>st</sup> MONTH'S TUITION:**

\$      .00

How did you hear about Center Stage Dance Academy? \_\_\_\_\_

● **MEDICAL AUTHORIZATION** ●

Allergies (including food):  
\_\_\_\_\_

Medical History/Medications We Should Be Aware Of:  
\_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern: If neither parent can be contacted in case of injury or illness, I hereby authorize representatives for Center Stage Dance Academy of Pgh, LLC to act as my agent to secure emergency medical treatment for: \_\_\_\_\_, minor child for whom I am responsible, at the nearest hospital, when in the opinion of the representatives such emergency medical treatment is deemed appropriate during the time when my child is engaged in Center Stage Dance Academy of Pgh, LLC activity. I hereby agree to hold Center Stage Dance Academy and its representatives harmless for exercising its judgment in authorizing such emergent treatment forms on my behalf.

Parent/Guardian Signature

Date

Family Physician

Physician Phone Number

Emergency Contact Name(s)

Emergency Contact Phone Number(s)

I/we have enrolled the above named student(s), in a program of strenuous physical activity, offered by Center Stage Dance Academy Pgh, LLC. I/we hereby affirm that I/we am or the above named person(s) are in good physical condition and do not suffer from any disability that would prevent or limit participation in this dance or acrobatics program. In consideration of myself, or the above named person's participation in one of these programs, I/we, for myself/ourselves, my/our heirs and assigns, hereby release Center Stage Dance Academy Pgh, LLC, the owner/director Chelsea Schilpp, her family, and/or employees from any and all future rights, claims, causes of action, civil or criminal claims, demands, costs, attorney fees, loss of service, expenses, compensation, third party actions, suits at law or equity, including suits for contribution and indemnity, of whatever nature, and all consequential damages on account of, or in any way associated with the Center Stage Dance Academy Pgh, LLC or with arriving to and/or returning from any activity associated with Center Stage Dance Academy Pgh, LLC. I/we hereby release Center Stage Dance Academy Pgh, LLC, the owner/director Chelsea Schilpp, her family, and/or employees, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, concussion, knee or lower back or foot injuries and any other illness, soreness or accidental injury, however caused, occurring before, during, or after participation in any other the above stated programs offered at Center Stage Dance Academy Pgh, LLC or at any time, while in the vicinity or the premises of the above stated business (occurring anywhere in the studios, common areas, bathrooms, or areas outside surrounding the physical property including Route 19), or in any activity sponsored, represented, or organized by Center Stage Dance Academy Pgh, LLC, the owner/director Chelsea Schilpp, her family, or employees, for any reason. By signing, I/we hereby affirm that I/we have read and fully understand the foregoing release and know the contacts thereof, and I/we sign the same as my/our free act. I/we acknowledge that signature by either parent or by one guardian hereby binds all parents and/or guardians of any minor participant.

I/we also understand that by signing below, I/we agree to pay in full the total amount due for the designated summer courses/camps of which I am registered. I/we agree to pay the total amount, whether or not the above student attends and/or participates. *There will be no refunds, credits, or pro-rations (even for credit purposes) for ANY REASON.*

Parent/Guardian Signature

Date

\*\*This form will not be accepted if it has been changed or amended in any fashion or if it has not been completed in full.\*\*

**FAMILY  
I.D. #:**  
\_\_\_\_\_

Person responsible for paying for anything associated with this account:

\_\_\_\_\_  
Phone Number:  
\_\_\_\_\_