| Student First Name | Student Last Name | | Student Middl | Student Middle Initial | |
|--------------------------------|-------------------|---------------------------------------|------------------------|---------------------------------|--|
| Mother's/Guardian's First & La | | Father's/Guardian's First & Last Name | | | |
| Address | | City | | Zip | |
| Home Phone | Dad Cell Phone | Mom Cell Pho | Mom Cell Phone Student | | |
| Date of Birth | Age | School | | Grade in Fall 2018 | |
| CURRENT PARENT E-MAI | L CURRENT | STUDENT E-MAIL | Opt into Stud | dio Text Messaging? (yes or no) | |
| | | TERED CLASSES • | | | |
| CLASS | DA | Y TIMI | E | | |
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| TOTAL AMOUN | T OF TIME PER WE | EK SPENT AT CSI | DA: | | |
| T | UITION CHARGE FO | OR GROUP CLASS | ES: | | |
| TUITION CHA | RGE FOR SOLO/DU | • | | | |
| | DISCOUNT FOR S | R MULTIPLE CHII TUDENT ASSISTIN | <u> </u> | | |
| TOTAL MONTHLY TUITION: | | | | | |
| REGISTRATION FEE: | | | | \$.00 | |
| | 18 | t MONTH'S TUITIO | ON: | | |

| How did you hear about Center Stage Dance Academy? | | | | | |
|---|--|---|--|--|--|
| MEDICAL AUTHORIZATION • | | | | | |
| Allergies (including food): | | | | | |
| Medical History/Medications We Should Be Aware Of: | | | | | |
| repr Cen | ter Stage Dance Academy of Pgh, LLC , minor child for resentatives such emergency medical t ter Stage Dance Academy of Pgh, LLC | t can be contacted in case of injury or illness, I hereby authorize representatives for to act as my agent to secure emergency medical treatment for: whom I am responsible, at the nearest hospital, when in the opinion of the reatment is deemed appropriate during the time when my child is engaged in activity. I hereby agree to hold Center Stage Dance Academy and its judgment in authorizing such emergent treatment forms on my behalf. | | | |
| Parent/Guardian Signature | | Date | | | |
| Family Physician | | Physician Phone Number | | | |
| Em | ergency Contact Name(s) | Emergency Contact Phone Number(s) | | | |
| suff mys assi emp loss inde Dan Pgh emp brol or a offe bus included acking part | er from any disability that would preve- self, or the above named person's parti- igns, hereby release Center Stage Danc- bloyees from any and all future rights, of sof service, expenses, compensation, to emnity, of whatever nature, and all cons- ice Academy Pgh, LLC or with arriving the LLC. I/we hereby release Center Stage bloyees, from any liability now or in the ken bones, shin splints, heat prostratio ccidental injury, however caused, occurred at Center Stage Dance Academy Pg iness (occurring anywhere in the studi- uding Route 19), or in any activity spon- ter/director Chelsea Schilpp, her family fully understand the foregoing release nowledge that signature by either pare- icipant. | It I/we am or the above-named person(s) are in good physical condition and do not not or limit participation in this dance or acrobatics program. In consideration of cipation in one of these programs, I/we, for myself/ourselves, my/our heirs and see Academy Pgh, LLC, the owner/director Chelsea Schilpp, her family, and/or claims, causes of action, civil or criminal claims, demands, costs, attorney fees, third party actions, suits at law or equity, including suits for contribution and sequential damages on account of, or in any way associated with the Center Stage to and/or returning from any activity associated with Center Stage Dance Academy e Dance Academy Pgh, LLC, the owner/director Chelsea Schilpp, her family, and/or future including but not limited to heart attacks, muscle strains, pulls, tears, n, concussion, knee or lower back or foot injuries and any other illness, soreness arring before, during, or after participation in any other the above stated programs gh, LLC or at any time, while in the vicinity or the premises of the above stated pos, common areas, bathrooms, or areas outside surrounding the physical property assored, represented, or organized by Center Stage Dance Academy Pgh, LLC, the programs of the contacts thereof, and I/we sign the same as my/our free act. I/we not or by one guardian hereby binds all parents and/or guardians of any minor | | | |
| and afte and poli | that the only time that amount will cha r March 1, 2019 will incur a \$50.00 per r policies related to non-competitive cla cies related to competitive company cl | of I/we agree to pay in full the total tuition amount due for September through June rigge is if I turn in a add/drop class form. I/we understand that all classes dropped recital/competition routine fee. Please see the CSDA Student Handbook for charges sses. Please see the CSDA Competitive Company Handbook for charges and asses. I/we agree to pay the total amount, whether or not the above student attends ds, pro-rations, or credits given (even for credit purposes) for ANY REASON. | | | |
| Par | ent/Guardian Signature | Date Date | | | |
| * | *This form will not be accepted if it has | s been changed or amended in any fashion or if it has not been completed in full.** | | | |
| | FAMILY | Person responsible for paying for anything associated with this account: | | | |
| | I.D. #: | Phone Number: | | | |