

# Centre Stage Dance Studio

## 2026 Summer Student Registration Form

*\*-indicates mandatory field*

\*Student's Name (First & Last): \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Email (used for the majority of communication): \_\_\_\_\_

\*Alternate Email: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Mother's Name: \_\_\_\_\_ \*Mother Cell #: \_\_\_\_\_

\*Father's Name: \_\_\_\_\_ \*Father Cell #: \_\_\_\_\_

Please advise us of any medical conditions that may affect the student's participation:

\_\_\_\_\_

### LIABILITY WAIVER

We, the staff at Centrestage Performing Dance Studio, recognize our obligation to make sure our students and their parents are aware of the risks and hazards involved in the sport of dance. By signing this waiver, you release Centrestage Performing Dance Studio and all its employees from all claims on account of any injury which may be sustained by your child while attending any dance class, even associated with Centrestage Performing Dance Studio or outside performance. In signing this waiver, you also acknowledge your responsibility in paying monthly tuition, any associated costumes entry fees for performances and competition and all other communicated costs involved. You also affirm you now have, and will continue to carry, proper primary medical, health, and hospitalization and accident insurance, which you consider adequate for the protection of both your child and Centrestage Performing Dance Studio.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please circle which month and day(s) you would like to enroll:

June

Tuesday

Thursday

July

Tuesday

Thursday

\*\*\*You may make up classes and double up on weeks you are in town as well.  
Tuition Fees for Classes, Camps, and Intensives are due upon registration and are non-refundable.

### Credit Card Authorization:

A 3% processing fee will apply

I authorize Centrestage Dance Studio to debit my card for monthly tuition and all fees due.

Name on card \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ CCV code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

### ACH Authorization:

Please attach a voided check

I authorize Centrestage Dance Studio to debit my account for monthly tuition and all fees due.

Bank Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Checking or Savings Account: \_\_\_\_\_

Signature: \_\_\_\_\_