

Center Stage Performing Arts Academy

Registration Form - 2011-2012

How did you hear about us? _____ Referral Name: _____

Student Information:

Name: _____	Birth Date: _____	Gender: _____
Email: _____	Cell Number: _____	T-Shirt Size: CS CM CL AS AM AL AXL
School: _____	Grade: _____	Allergies/Special Needs: _____
Address: _____	City: _____	State: _____ Zip Code: _____

Contact #1 Information:

Name: _____	Relationship to Student: _____	Email: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____

Contact #2 Information:

Name: _____	Relationship to Student: _____	Email: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____

Emergency Contact Information (Other than listed above):

Name: _____	Phone: _____
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Experience: Please list years of experience and where you had training.

Dance _____	Where: _____
Voice _____	Instructor: _____
Piano _____	Instructor: _____

Please circle the class(es) you are enrolling in for the 2011-2012 year.

Showcase Classes:	Non-Showcase Classes:	Private Lessons:
Musical Theatre	Flexibility/Leaps & Turns	Voice (Holiday & Spring Recitals)
Dance Combo	Classical Ballet	Piano (Holiday & Spring Recitals)
Hip Hop	Acting (Informance)	Guitar (Spring Recital)
Tap	Voice Class (Holiday & Spring Recitals)	
Jazz	Children's Choir (H & S Recitals & Choir Festivals)	
Lyrical	Acrobats	
Beginner Classical Ballet		

I am interested in auditioning for the: Center Stage STARS Company Center Stage Singers (Please circle)

Release From Liability & Authorization

- I declare the student named above is in good health and can participate in the chosen/enrolled classes.
- I accept responsibility for the payment of classes and/or lessons and understand that payment is due by the 5th of each month. I understand that there will be a \$10.00 late fee for payments made after the 5th of each month
- I understand that the registration fees and pre-paid monthly fees are non-refundable.
- I hereby release Center Stage Performing Arts Academy from any liability for any accident or injury occurring on or around the Academy's premises or any other locations of the Academy's functions.
- In the event of an emergency, I give my permission for Center Stage Performing Arts Academy to obtain medical services for the student named above.
- I have received Center Stage's Regulations and Procedures brochure and understand that I am responsible for all fees and policies listed.

Parent's Signature

Date

Student's Signature

Date