

Center Stage Academy of Dance

Registration Form



117 West Jefferson Street  
Morton, IL 61550  
(309) 266-1144

[amyscenterstage@yahoo.com](mailto:amyscenterstage@yahoo.com)

[www.centerstageacademyofdance.net](http://www.centerstageacademyofdance.net)

Student Name \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Medical Info/Health Concerns \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_ May we add you to our Text list YES NO

Email \_\_\_\_\_ May we send you emails YES NO

Emergency Contact Name \_\_\_\_\_

Relation to Student \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

MEDICAL RELEASE In the event you are unable to reach me, in the case of accident or injury, I give my permission for treatment as deemed necessary by staff or emergency personnel. I also release Center Stage Academy of Dance and its staff of liability in case of injury or accident incurred to:

Child Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

STUDIO INFORMATION AND POLICIES I have read all studio information and policies including monthly fees, bad weather/holiday policies, attendance, class observation and dress code. I fully understand and agree to abide by these policies.

Parent/Guardian Signature \_\_\_\_\_

Photo Release photos of students, teachers, and studio activities on its website and printed brochures. I understand that these pictures will be accessible to anyone with internet access; however, no names of subjects will be published.

We/I hereby give permission for Center Stage Academy of Dance to use photos on its website, in brochures and/or electronic forms of communication.  YES  NO

**WAIVER AND RELEASE OF LIABILITY**

**I HEREBY WAIVE AND RELEASE CENTER STAGE ACADEMY OF DANCE AND ITS HEIRS, AGENTS, AND ASSIGNEES FROM ALL ACTS OR OMISSIONS RESULTING IN ANY PHYSICAL INJURIES, MEDICAL TREATMENT, OR OTHER DAMAGES TO MY SELF OR ANY MINORS OF WHOM I AM PARENT OF LEGAL GUARDIAN, RESULTING FROM PARTICIPATION IN THE CENTER STAGE ACADEMY OF DANCE PROGRAMS. I FURTHER WAIVE AND RELEASE CENTER STAGE ACADEMY OF DANCE AND ITS HEIRS, AGENTS, AND ASSIGNEES FROM ANY DAMAGES SUSTAINED BY THE AFOREMENTIONED OR ANY GUEST OF THE AFOREMENTIONED AS A RESULT OF ANY CONDITION, ACT, OMISSION OR ACCIDENT ON OR AT 117 WEST JEFFERSON STREET, MORTON, ILLINOIS OR ANY OTHER PREMISES UPON WHICH ANY ACTIVITY RELATED TO CENTER STAGE ACADEMY OF DANCE TAKES PLACE.**

\_\_\_\_\_  
**SIGNATURE OF STUDENT,  
PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**