



# Stagelite Academy of Performing Arts

## Registration Form



|                                     |  |                        |  |
|-------------------------------------|--|------------------------|--|
| Student's Name:                     |  | Address:               |  |
| Mother/Father's Name:               |  | City, State, Zip Code: |  |
| Home Phone #:                       |  | Cell Phone #:          |  |
| Emergency Contact and Phone Number: |  | Date of Birth:         |  |
| Allergies:                          |  | Age as of Sept 1:      |  |
| Email Address                       |  |                        |  |

Specify Class(es) - Day/Type/Time (Use the back if needed):

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In consideration of being allowed to participate in any dance program, at Stagelite Academy, the undersigned acknowledges and agrees as follows:

1. I knowingly and freely assume all risks, both known and unknown, and assume responsibility for my participation at Stagelite Academy.
2. I shall assume full responsibility for any and all medical expenses I may incur as a result of any injury I sustain.
3. **Photos Waiver:** By registering for this program, you are giving permission to take and publish photos of your child in print or online for promotional purposes. If you do not wish to have your child photographed, you must include a request in writing along with your registration form.
4. **Liability Waiver:** I understand the activities and risks involved in these dance classes. I hold harmless Stagelite Academy, all employees and representatives from all liability, suits and claims arising from participation in or observation of any Stagelite Academy activities or events. Stagelite Academy is not responsible for any lost, stolen or damaged property. I also recognize that Stagelite Academy is not responsible for students when they are outside the dance classroom.

|                            |       |
|----------------------------|-------|
| Parent/Guardian Signature: | Date: |
|----------------------------|-------|

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

|                   |  |               |  |
|-------------------|--|---------------|--|
| Hours:            |  | Venmo:        |  |
| Registration Fee: |  | Cash Receipt: |  |
| Monthly Tuition:  |  | Check:        |  |
| Total:            |  | Date:         |  |