

STAGELITE REGISTRATION FORM

COOKIE MALY, Studio Owner

Student's Name:		Address:	
Mother/Father's Name:		City, State, Zip Code:	
Home Phone #:		Cell Phone #:	
Emergency Contact and Phone Number:		Date of Birth:	
Email Address:		Age as of Sept 1:	
Allergies:			
Specify Class(es) – Day - Time:			
<p>In consideration of being allowed to participate in any dance program, at Stagelite, the undersigned acknowledges and agrees as follows:</p> <ol style="list-style-type: none"> 1. I knowingly and freely assume all risks, both known and unknown, and assume responsibility for my participation at Stagelite. 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, all employees and representatives from all liability, suits and claims arising from participation in or observation of any Stagelite activities or events. Stagelite is not responsible for any lost, stolen or damaged property. I also recognize that Stagelite is not responsible for students when they are outside the dance classroom. 			
Parental/Legal Guardian Signature:			Date:
*****OFFICE USE ONLY*****			
HOURS:		TOTAL:	
REG FEE:		PAYMENT: CHECK#:	
COSTUME DEPOSIT:		CASH RECEIPT#:	
MONTHLY TUITION:		DATE:	