



**SUMMER INTENSIVE REGISTRATION FORM**

DANCER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT 1 NAME: \_\_\_\_\_ PARENT 2 NAME: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MEDICAL CONDITIONS OR ALLERGIES: \_\_\_\_\_

PHYSICAL LIMITATIONS: \_\_\_\_\_

**Please register me for the following Dance Intensive class(es):**

<b>Please Check</b>	<b>Intermediate/Advanced Level Class</b>	<b>Week 1 or 2</b>	<b>Cost Per Class</b>	<b>Total Cost</b>
	Hip Hop (Monday 6:00-7:30)		\$18.00	
	Jazz (Tuesday 6:00-7:30)		\$18.00	
	Contemporary (Wednesday 6:00-7:30)		\$18.00	
	Tap (Thursday 6:00-7:30)		\$18.00	

**AMOUNT ENCLOSED: \$** \_\_\_\_\_

**CLASS REGISTRATION IS COMPLETE ONLY AFTER FIRST PAYMENT IS RECEIVED**  
*(\$50.00 deposit is required to hold spot-balance due in full on first day of class)*

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I hereby release Center Stage Dance Studio from any and all liability and assume the risks of participating in the Center Stage Dance Studio program. By signing, I acknowledge my responsibility in paying tuition. Further, I hereby give Center Stage Dance Studio permission to photograph and/or video my child(ren) and consent to the use of material for advertising, marketing and promotional purposes.

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

\_\_\_\_\_  
 Date

**PLEASE MAIL TO**  
 CENTER STAGE DANCE STUDIO  
 838 High Ridge Road, Stamford, CT 06905

**OR**

**PLEASE FAX TO:**  
 (203) 846-8292  
 www.centerstagedancestamford.com