

# ADULT SPRING SESSION 2025 REGISTRATION FORM



Name:

## CLASS:

## DAY:

## TIME:

- |   |           |               |
|---|-----------|---------------|
| • Adult Ballet                            | Monday    | 7:30-8:30pm   |
| • Posture Plus Pilates                    | Tuesday   | 7:30-8:30pm   |
| • Adult Tap                               | Tuesday   | 7:30-8:30pm   |
| • Yoga Flow                               | Wednesday | 7:00-8:00pm   |
| • Intermediate Flow Pilates               | Thursday  | 9:15-10:15am  |
| • Adult Don't Stop Dancing - Cardio Dance | Thursday  | 7:00-8:00pm   |
| • Weekend Flow Combo Pilates              | Saturday  | 10:00-11:00am |

Address:

\_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone # Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  d           m           y

Physical Limitations: \_\_\_\_\_

Allergies: \_\_\_\_\_

## PLEASE READ AND SIGN THE FOLLOWING INDEMNITY CLAUSE:

I hereby assume all of the risks arising out of, incidental to, or in any way connected with my participation in classes provided by Centre Stage Dance Studio (CSDS) and its teachers or agents, including, but not limited to, any risks which are not foreseeable.

I hereby release CSDS and all its officers, directors, employees, including teachers and supervisors from any and all liability and any and all claims arising out of, incidental to, or in any way connected with my participation in any and all classes on or off studio premises, including virtual classes via Zoom.

I consent to the participation of the client named on this form in these classes. I make the acknowledgements, assume the risks and responsibilities and release the above named studio and teachers in accordance with this release, acknowledgement and assumption of risk for and on behalf of myself, the client named on this form.

I hereby acknowledge the terms and conditions and the rules and regulations stated in this form and will adhere to them.

## COVID-19 CLAUSE:

Should our studios be required to suspend in-studio classes due to an Emergency Declaration or other required closure(s), all classes will continue virtually via Zoom following the same in-studio schedule until re-opening is possible. All classes held virtually will not be made up in-person. Refunds will not be issued.

## Payment must be made at time of registration.

Registration is not considered complete until:

- a) this registration/waiver form is submitted
- b) payment has been received

## ALL TUITION FEES ARE NON-REFUNDABLE

### We accept:

**E-transfer:** centrestagedance86@gmail.com

Name of Client (please print):

Signature of Client:

\_\_\_\_\_

Date:

\_\_\_\_\_

- ☐ I agree in providing my email address that I may receive messages that contain commercial content

CLASS FEE: \$ \_\_\_\_\_.

DATE RECEIVED: \_\_\_\_\_.