



Art of Dance Mommy and Me Registration Form

Parent's Name: _____

Child's Name: _____ **Age:** _____

Address: _____

Phone: _____ **Email:** _____

\$60.00 for 6 week session Oct. 7th – Nov. 11th
Cash _____ or Ck# _____

I, the undersigned, hereby release Art of Dance/Centre Stage Production Inc., its director, faculty, staff or their representatives from any and all liability or claims for damages or injuries which they may sustain while participating in any activity connected with Art of Dance/Centre Stage Productions Inc. There will be a \$25.00 fee for all returned checks. Art of Dance has my permission to use dance photographs or dance video of the above student for advertisements and promotional purpose.

I have read, understand and accept the policies stated above.

Parent/Guardian Signature _____ Date _____