



WHERE ARTISTRY & ATHLETICISM MEET

REGISTRATION

www.upstagedowntown.com

118 S. Main Street, Suite 202
Celina, OH 45822 | (419) 584-1351

FIND US ON FACEBOOK! [Facebook icon]

Register at Upstage Downtown Dance Theatre on July 27 from 4-7 p.m. You may also mail your registration to Upstage Downtown Dance Theatre, 118 S. Main St., Suite 202, Celina, OH 45822. For more information or questions, call (419) 584-1351. Due July 27 with registration is a \$25 per student registration fee, \$65 for family of three or more (nonrefundable and will not be part of first month's tuition). This fee will reserve space in class. New students are accepted through December 1, based on availability.

In order to preserve the student's place in class, fees must be paid for the upcoming month. Payment is due by the first of each month. Classes are subject to change/cancellation depending on class size. All invoicing is sent via email. For more information go to www.upstagedowntown.com/tuition.

Check One: [ ] Returning Student [ ] New Student

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age as of Sept 1 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Signature \_\_\_\_\_

If student is under 18, please complete below:

Parent/Guardian signature \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Please check the days you will be attending and write which classes you will be taking:
[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Saturday
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

The following must be read and signed by the parent or legal guardian of all minor students or by the student if of legal age.

As legal guardian of the above child, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, dance, and fitness. Being fully aware of these dangers I voluntarily consent to the aforementioned child participating in any and all of Upstage Downtown Dance Theatre programs and activities and accept all risks associated with that participation. Parents should make their child aware of the possibility of injury and encourage their child to follow all safety rules and the coaches'/teachers' instruction. I am also aware that the gym area is for participants only and that if I enter the gym, I am doing so at my own risk. The below signed hereby hold harmless Upstage Downtown Dance Theatre or any agents thereof, for any illness or injury due to participation in any class, rehearsals, performances, or other activity associated with Upstage Downtown Dance Theatres' School. I hereby certify that I agree to the UDDT Policies and Regulations. In addition, I give permission for photographs to be used in newspapers as well as UDDT website or television footage that may include my child for any media publication concerning UDDT. In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child, hereby assume all risks associated with the activities mentioned above and agree to hold UDDT, it's staff or representatives harmless from any and all liability, causes of action, debts, claims or demands of any nature whatsoever which may arise in connection with participation in gymnastics, tumbling, dance, open gym, birthday parties, or in the course of any exhibition, competition or clinic in which he/she may participate or while traveling to or from the event. In the event of an emergency, I hereby release UDDT staff or representatives to render temporary first aid to my child in the event of any injury or illness. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for UDDT. I have read and understand acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

So that we may be aware of any and all possible medical and/or behavioral complications that your child may experience, we require you to list them below, followed by your signature. Please include allergies or any information we should know about.

\_\_\_\_\_
\_\_\_\_\_

Permission to include your child's picture on UDDT website and Facebook page: [ ] YES [ ] NO

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_