

WINTER/SPRING 2010 APPLICATION

STAGE DOR YOUTH PROGRAM | JANUARY 4 – JUNE 19, 2010

Child's Name: _____ Birth Date: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day: _____ Cell: _____ Eve: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

CLASS	DAY & TIME	PRICING FOR 23-WEEK SESSION
		1 class per week \$368
		2 classes per week \$690
		3 classes per week \$966
		4 classes per week \$1,196
		5 classes per week \$1,390
		6 classes per week \$1,518

Total # Classes:	Total Tuition \$	+ \$25.00 Registration Fee	Total Amount Due =
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PLEASE NOTE: Classes are non-refundable after the start of the session. Credits only due to sickness or injury (Doctor's note required). Make up classes must be taken during the same session.

Please send this registration form and payment in full to: Stage Dor, 10 Liberty Ship Way, #340, Sausalito 94965; phone 339-1390 fax 339-1371

____ I choose to pay in 2 installments (credit card number required) - 1st payment of 50% due at time of registration, balance due on February 22. If I do not pay balance by cash or check before February 22, I authorize Stage Dor to charge my credit card for this payment. I understand that there will be an additional processing fee of \$10 for each installment payment made by credit card.

Credit Card Number: _____ **Code:** _____ **Expires:** _____

Signature: _____

PARENTS & GUARDIANS – PLEASE READ AND SIGN THE FOLLOWING:

As the parent or legal guardian of the above named child, I hereby authorize the staff of Stage Dor Dance Studio to act for me according to their best judgment in any emergency requiring medical attention. I understand that it is my responsibility to provide accident and health coverage for the child named above while s/he is attending classes at Stage Dor Dance Studio. I specifically agree that Doree Clark, Stage Dor, its officers, employees and agents shall not be liable for any claim, demand or cause of action of any kind whatsoever for, or on account of, death, personal injury, property damage or loss of any kind resulting from or related to my child's use of the Stage Dor facilities or participation in any activity within or without the Stage Dor premises. I agree to hold Doree Clark and Stage Dor harmless from same. In addition, I agree that photos and video and audio recordings including the child named above may be used by Stage Dor for marketing purposes. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature: _____ Date: _____