

cornerstone  
studio  
2008-2009 Registration Form

Email: cornerstonestudio@earthlink.net

Cheryl Satterfield, Artistic Director

Phone: (425) 401-5291

**STUDENT INFORMATION**

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ WA \_\_\_\_\_  
Street City Zip

**Email Address:** \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
(for studio communications) Month/Day/Year

Parent/Guardian Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Cell Work

In what district does the student attend school? \_\_\_\_\_

Are there any medical or learning conditions or other circumstances that the studio should be aware of?  
\_\_\_\_\_

Last Name

First Name

**CLASS INFORMATION**

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

**A registration form must be completed and \$25 registration fee paid before class participation.  
Tuition is non-refundable and is due on or before the first day of the month.**

PLEASE RETURN THIS FORM WITH A CHECK OR  
MONEY ORDER FOR THE REGISTRATION FEE TO:  
**Cornerstone Studio, 5810 119th Ave SE, Bellevue WA 98006**

DO NOT WRITE IN THIS SPACE

- Check
- Cash
- Credit



No: \_\_\_\_\_ Amount:\$ \_\_\_\_\_ Date paid: \_\_\_\_\_

Please complete other side



**IN CASE OF EMERGENCY**

1st Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(if parent can not be reached)

2nd Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr. Phone Number: \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

I agree to indemnify and hold Cornerstone Studio, its agents, instructors, employees and owners harmless from any and all liability for injuries, property damage, or loss in connection with my/my child's participation in dance or workout activities. I also hereby authorize the Cornerstone Studio to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release them from any liability from injuries, illness or loss incurred.

I have read and accept the policies and waivers of Cornerstone Studio. I understand that I am responsible for timely payment of tuition and agree to pay costs for collection of any unpaid tuition and fees.

**STUDIO POLICY**

**\*\*\*\*\*Please read a copy of our *Cornerstone Studio Policy* available at the studio or on our website:\*\*\*\*\*  
[cornerstonestudio.com](http://cornerstonestudio.com)**

**PHOTO PERMISSION**

Please check one box:

- I give Cornerstone Studio permission to use photos of my child (in class or performances) for studio promotion.
- I do not give Cornerstone Studio my permission to use photos of my child (in class or performances) for studio promotion.

\_\_\_\_\_  
Signature of Parent or Guardian (or student if over 18) \_\_\_\_\_  
Date