

Rhythm Dance Academy
 490 Cornwall Avenue
 Cheshire, CT 06410
 203-272-2693

Registration Form

Registration Date:

Account No.

Billing Name

Address

City **State** **Zip/Postal**

Hm Phone **SSN** **Private**

E-Mail

Parent 1 **Hm. Phone**

Employer **Wk. Phone**

Cell **Pager**

Parent 2 **Hm. Phone**

Employer **Wk. Phone**

Cell **Pager**

Emergency Contacts **Phone**

Phone

Phone

Phone

Phone

Student Name

Address

City **State** **Zip/Postal**

E-Mail **SSN**

Birthdate **Sex** **School** **Grade**

Medical Info:

Dr. Name **Phone**

| Classes | Name | Level | Room | Day | Time | Tuition |
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Registration Fee:

Total Tuition:

Registration Note

Parent Signature: _____ **Date:** _____

WHAT IS THE PRESENT STATE OF THE STUDENT'S GENERAL HEALTH? _____

DOES THE STUDENT HAVE ALLERGIES OR ALLERGIC REACTIONS THAT WE SHOULD BE AWARE OF? _____

IF YES, PLEASE EXPLAIN _____

DOES THE STUDENT'S PHYSICIAN KNOW THAT THEY ARE PARTICIPATING IN A DANCE EXERCISE PROGRAM? _____

IN AN EMERGENCY WE WILL CALL AN AMBULANCE. WHICH HOSPITAL SHOULD WE SEND THE AMBULANCE? _____
(STUDENT, PARENT OR GUARDIAN WILL BE RESPONSIBLE FOR ALL FEES INCURRED BY THE AMBULANCE / HOSPITAL)

I / MY CHILD HAVE VOLUNTEERED TO PARTICIPATE IN A PROGRAM OF PROGRESSIVE DANCE EXERCISE. I WAIVE ANY POSSIBILITY OF PERSONAL DAMAGE WHICH MAY BE BLAMED UPON SUCH A PROGRAM IN THE FUTURE AND ACCEPT THE RESPONSIBILITY FOR ANY CONDITION THAT COULD POSSIBLY ARISE FROM SUCH DANCE AND EXERCISE. THEY INCLUDE: ABNORMAL BLOOD PRESSURE, FAINTING, DISORDERS OF HEARTBEAT, AND VERY RARE INSTANCES OF HEART ATTACK. EVERY EFFORT WILL BE MADE TO MINIMIZE THEM BY PRELIMINARY EXAMINATION AND BY OBSERVATIONS DURING SITUATIONS WHICH MAY ARISE. I HEREBY ACKNOWLEDGE AND ACCEPT THESE RISKS. TO MY KNOWLEDGE, I DO NOT HAVE ANY LIMITING PHYSICAL CONDITION OR DISABILITY, WHICH WOULD PRECLUDE A DANCE EXERCISE PROGRAM.

I ACKNOWLEDGE THAT I / MY CHILD HAVE BEEN INFORMED OF THE NEED FOR A PHYSICIAN'S APPROVAL FOR MY / MY CHILD'S PARTICIPATION IN A DANCE / EXERCISE ACTIVITY. I ACKNOWLEDGE THAT I / MY CHILD HAVE EITHER HAD A PHYSICAL EXAMINATION AND HAVE BEEN GIVEN A PHYSICIAN'S PERMISSION TO PARTICIPATE, OR THAT I / MY CHILD HAVE DECIDED TO PARTICIPATE IN THE ACTIVITY WITHOUT THE APPROVAL OF MY / MY CHILD'S PHYSICIAN AND DO HEREBY ASSUME ALL RESPONSIBILITIES FOR MY / MY CHILD'S PARTICIPATION AND ACTIVITIES AT THE RHYTHM DANCE ACADEMY. I UNDERSTAND THAT IT IS MY RESPONSIBILITY FOR MYSELF / MY CHILD TO UNDERGO ROUTINE MEDICAL EXAMINATIONS AND WILL ADVISE RHYTHM DANCE ACADEMY OF ANY HEALTH CONDITIONS.

I ACCEPT COMPLETE RESPONSIBILITY FOR MY / MY CHILD'S HEALTH AND WELL-BEING IN THE VOLUNTARY DANCE PROGRAM AND UNDERSTAND THAT NO RESPONSIBILITY IS ASSUMED BY THE LEADERS OF THE PROGRAM OR SPONSORING AGENCY.

I UNDERSTAND THAT RHYTHM DANCE ACADEMY IS NOT RESPONSIBLE FOR THE CARE OF MY CHILD BEFORE AND AFTER CLASS OR IN THE WAITING AREA. I UNDERSTAND THAT BEFORE AND AFTER PARTICIPATION IN CLASS, IT IS MY RESPONSIBILITY TO ENSURE SAFE PASSAGE IN AND OUT OF THE BUILDING. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGES OR SITUATIONS THAT MAY ARISE FROM LEAVING MY CHILD UNSUPERVISED BEFORE OR AFTER CLASS. WE STRONGLY SUGGEST THAT CHILDREN WAIT INSIDE OF THE BUILDING AND BE ESCORTED IN AND OUT BY PARENTS / CAREGIVERS.

COSTUME POLICY AND AGREEMENT: OUR COSTUME VENDORS REQUIRE FULL PAYMENT AT THE TIME WE PLACE OUR ORDER, WITH A NO RETURN POLICY; THEREFORE, WE ARE ASKING THIS OF OUR STUDENTS. I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR PAYMENT OF MY / MY CHILD'S COSTUME IN THE EVENT THAT I / MY CHILD LEAVE RHYTHM DANCE ACADEMY BEFORE THE RECITAL.

STUDENT'S NAME _____

PARENT SIGNATURE _____ DATE: _____

Payment & Costume Agreement

I understand that the credit card listed below will be charged on the 1st of the month (September through May) for tuition, costumes and private lessons (if applicable) according to the amount calculated below. I understand that if I DO NOT want my credit card charged – my payment must reach the studio office at least 5 days before the 1st of the month in order to prevent my card being charged. If my card is declined I will be notified by e-mail only and I understand that I have until the 10th of that month to pay by check or update my credit card information to avoid a \$25 late fee. **All accounts not paid by the 10th of each month will be charged a \$25 LATE FEE. ITEMS NOT INCLUDED IN THIS MONTHLY PAYMENT: tights, dancewear, shoes, recital expenses.**

Monthly Tuition \$ _____ *PLUS* Monthly Costume charge \$ _____ *PLUS*

Monthly Private Lesson Fee \$ _____ = **TOTAL Monthly Payment** _____

Credit Card Type _____ Card Number _____

Expiration Date _____

I understand that I am enrolling my child in a **Year Round Program of Dance**. If I choose to stop participating in this program I realize that I must notify the studio **in writing 30 days in advance**. I understand that I will owe for the current month and that if my child's costume has already been ordered that the balance on all costumes will be **due in full and charged to my card** upon receipt of my notice to quit. **I understand that there are no refunds under any circumstances.**

STUDENT'S NAME _____

PARENT SIGNATURE _____ DATE: _____