

The Rhythm Room Dance Center

106 S. Wilson Jefferson, IA 50129

www.rrdcdance.com

(515) 386-2295

rrdcjefferson@gmail.com

For studio use only:

\$_____ monthly tuition

☐ HHA Received

☐ \$40 Registration Fee Received
(Waived for years' tuition in advance)

☐ Cash

☐ Check# _____

☐ Card

Competition Level _____

☐ Behavioral Form

In System: ☐ Monthly Tuition & Classes ☐ Dancer & P/G Information ☐ Auto-payment ☐ Authorization

Please send in form by September 1st, 2020

2020-2021 REGISTRATION FORM

☐ I would like an emailed invoice sent to the email address below to pay the \$40 registration fee.

☐ I have enclosed a check / cash with my registration form for the \$40 registration fee.

*Dancer's Name: _____

Dancer's Age: _____ Grade: _____ Dancer's Date of birth: _____

*Parent(s)/ Guardian(s): 1. _____ 2. _____

Address: _____ City: _____ Zip: _____

Cell Phone: 1. _____ 2. _____

Email: 1. _____ 2. _____

*Additional Parent(s)/ Guardian(s): 3. _____ 4. _____

Address: _____ City: _____ Zip: _____

Cell Phone: 3. _____ 4. _____

Email: 3. _____ 4. _____

*Person to contact in the event of an emergency: _____ Phone: _____

Relationship to dancer (i.e. grandparent, friend, parent): _____

*Permission to give Tylenol to your child if needed (circle): Yes No

*Does dancer have any allergies, illnesses or injuries that may prohibit full participation or participation in dance parties? If so please list in the space below and provide all necessary information needed for us to be fully compliant with the dancers' needs:

FOR THE 2020-2021 SEASON, DANCER WILL BE PARTICIPATING IN:

Interested in: ☐ Solo ☐ Duet ☐ Trio ☐ Private Lessons

Please select dancer's grade:

☐ Preschool

☐ 3rd Grade

☐ 7th Grade

☐ 11th Grade

☐ Kindergarten

☐ 4th Grade

☐ 8th Grade

☐ 12th Grade

☐ 1st Grade

☐ 5th Grade

☐ 9th Grade

☐ 2nd Grade

☐ 6th Grade

☐ 10th Grade

Please select dancer's class interest(s):

☐ Ballet / Lyrical ☐ Pointe

☐ Jazz

☐ Tumbling

☐ Tap

Strength & Flexibility: ☐

Ballet Technique: ☐

☐ I would like my child to participate in dance this year but would be more comfortable with them attending a virtual class platform instead of in-studio class.

☐ Competition: New dancers available by Audition Only- If interested in competition please email us directly for audition information.

A Hold-Harmless Agreement must be personally signed and remain on record at the studio for dancer's participation.

Please sign on pg. 2.

THE RHYTHM ROOM DANCE CENTER

ASSUMPTION OF RISK AGREEMENT AND RELEASE

THIS MUST BE SIGNED AND REMAIN ON FILE AT THE STUDIO FOR YOUR CHILD TO PARTICIPATE IN WEEKLY LESSONS.

*****PLEASE READ CAREFULLY PRIOR TO SIGNING*****

The undersigned assumes all responsibility for and all risk of dance or injury that may occur to the child(ren) of course of instruction offered by Sue Aspengren, d/b/a The Rhythm Room Dance and Tumbling Center (referred to in this Assumption of Risk Agreement and Release as "dance course"), while attending classes, participating in exercises or using dance equipment or facilities or following dance course instructions in or out of the dance studio or location. In consideration of being accepted as a student in the dance course, the undersigned releases and discourages the dance course and all associated studio, its and their owners, employees and agents formal claims, demands, rights, causes of action, present or future, whether known, anticipated or unanticipated and resulting from or arising out of, or incident to, the use of the undersigned's child(ren) of a dance course studio or location, or facilities and equipment in such place or as a result of, or incident to, engaging in dance course exercises or otherwise following dance course instructions anywhere.

I have read and understand and sign the foregoing Assumption of Risk Agreement and Release,

(date)_____, 2020.

Parent or Guardian

Media Release Form

I understand that Sue Aspengren d/b/a The Rhythm Room Dance Center, employees and guest artists may take photos and/or videos of dancers during program activities and events for the use in education or promotional materials in print, multimedia or web form. Photos/videos will only be used for purposes related to these programs and their related partners.

Please check the correct box below as to whether you do wish or do not wish to grant Sue Aspengren d/b/a The Rhythm Room Dance Center, employees and guest artists permission to use your child(ren)'s photo/videos taken during a program.

☐ I **DO** grant permission for the use of my child(ren)'s photo/videos.

☐ I **DO NOT** grant permission for the use of my child(ren)'s photo/videos.

Parent or Guardian

Date