

### Registration Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary

Phone: \_\_\_\_\_ Phone (2): \_\_\_\_\_

Name of Person responsible for paying fees: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Legal Release and Policy Acceptance (please initial)

- I/we understand the Studio Policies                       I/we understand my billing obligations  
 I/we understand the risks related to dance                       I/we understand my responsibilities for my property  
 I/we understand there are no refunds granted  
 I/we understand the dress code                       I/we understand the schedule  
 I/we give media use rights permission                       I/we understand the attendance policy

Signature / Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

#### Classes

| Class Name | Meeting Date(s) / Time | Fees / Minutes |
|------------|------------------------|----------------|
|            |                        |                |
|            |                        |                |
|            |                        |                |
|            |                        |                |
|            |                        |                |

Registration Fee: \_\_\_\_\_ Tuition: \_\_\_\_\_

**Total Monthly Tuition** \_\_\_\_\_

#### Medical

Allergies: \_\_\_\_\_

Will your child require any special medical attention during a normal class: (yes/no) If yes – Explain: \_\_\_\_\_

\*\*\*This is a general release, please read carefully\*\*\*

I, the undersigned, hereby release **Rocklin Academy of Dance**, including instructors, coaches, assistants, from any and all injuries and causes of action which my child may sustain while training, practicing, and during all auditions.

I, the undersigned, agree that I am responsible for my child's health and accident insurance, and any medical cost incurred due to an injury.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_