

REGISTRATION FORM

Date: _____

Returning Student: _____ New Student: _____

How did you hear about Rhythm? _____

Student's Name: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthday: _____ Age as of August 2008: _____ Years of Dance Training: _____ Ballet: _____ Tap: _____ Jazz: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Phone Number: _____

Medical Conditions or Allergies: _____

Child's Primary Physician: _____ Phone Number: _____

Are you currently on any medications? _____

CLASSES

Please indicate the CLASS(S) DAY(S) and TIME(S) for which you would like to register.

Class	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

for example only



Return with \$35.00 Registration Fee to:
Rhythm Dance Studio, 120 W. Matthews Street, Matthews, NC 28105
For more information call 704-845-5260
or visit us at www.dancerhythm.com



HOLD HARMLESS AGREEMENT

NOTICE: Rhythm Dance Studio, and its agents recommend for all students to obtain a physical examination from their physicians prior to class participation.

- I have full knowledge that by nature class participation can frequently include strenuous exercise and body contact along with associated dangers. In recognition of the possible dangers connected with any physical activity, students hereby knowingly and voluntarily waive any right of cause of action of any kind whatsoever arising as the result of such activity from which any liability may or could accrue to Rhythm Dance Studio, Barbara Morgan-Eaves, their officers, agents or employees or instructors.
- I agree to waive claims against any person or organization connected with the Rhythm Dance Studio for any injuries I may sustain and likewise assume full responsibility for all my actions in connection with said classes.
- I further agree that any pictures taken of or by me in connection with said Rhythm Dance Studio can be held by the instructors and officers for publicity or promotion without compensation at this time or any other time.
- I, the undersigned, do hereby voluntarily submit my application for registration in Rhythm Dance Studio.

Parent/Guardian Signature: _____