



Summer 2018 Registration Form

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|---|--------|-------------------|------------|
| Students Name: | | Age: | Birthdate: |
| Telephone Number: | | Emergency Number: | |
| Address: | City: | Postal Code: | |
| Mother's Email: | | Father's Email: | |
| Mother's Name: | Cell # | Work # | |
| Father's Name: | Cell # | Work # | |
| Child's Allergies (if any, including food): | | | |
| Child's Medical Info/Health Concerns: | | | |

How did you hear about us?

Friend ____ Website ____ Facebook ____ Instagram ____ Other ____

Classes being joined:

| <i>Class</i> | <i>Day</i> | <i>Time</i> |
|---------------------|-------------------|--------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |

Waiver/Photo/Video Release

I agree to hold harmless from any and all liability The Rage Academy of Dance, LLC and its employees harmless from any and all liability from any injury and/or claim(s) of any kind and/or nature whatsoever arising directly and/or indirectly from the participation of the child in the school, of effects and bodily injury occurring during class, performance and/or on premises utilized by the studio. Students and teachers from The Rage Academy of Dance LLC are prohibited to copy, teach or share dance choreography's, performances, etc.... to the public or outside The Rage Academy of Dance LLC.

I grant permission to the staff of The Rage Academy of Dance to take first air or emergency measures for the care and protection of my child while under the supervision of the school. In case of medical emergency, I understand that my child can be transported to a medical facility for treatment if the emergency unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parents/guardian.

I understand and agree that the child's parents/guardian shall be responsible for any expenses incurred.

Parents/legal guardians give their permission to The Rage Academy of Dance LLC to use photos and/or video of their child without remuneration in connection with studio publications, advertising, TV and news coverage. (Names are never used or given out in order to protect dancers' privacy)

Should the other party fail to respect the above mentioned policy; the party shall be legally binded to endure legal penalties before a Court of Law.

I understand that tuition is non-refundable and that 30-day notice with withdrawal form is required to stop all payments after 30 days.

Signature of Parent/Guardian _____ Date _____