



**REGISTRATION FORM 2015-2016**

1) Student's name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

(2) Student's name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

(3) Student's name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Parent's or legal guardian's names \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone [ \_\_\_\_\_ ] \_\_\_\_\_

Work Phone [ \_\_\_\_\_ ] \_\_\_\_\_ Cell Phone [ \_\_\_\_\_ ] \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Does the student have any ailments, restrictions, and/or allergies? Yes /No If yes, please explain:

\_\_\_\_\_

Is there anything else you would like us to know about your child? If yes, please explain:

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Has the student had any previous dance training? Yes No

Name(s) of current or previous dance school(s) \_\_\_\_\_

Please list the course(s) your child will be enrolling in.

Class/Day/Time: \_\_\_\_\_

Class/Day/Time: \_\_\_\_\_

Class/Day/Time: \_\_\_\_\_

Class/Day/Time: \_\_\_\_\_

Class/Day/Time: \_\_\_\_\_

**Payment Options**

**Cash**

**Check** Check # \_\_\_\_\_

Release of Liability and Waiver

The Parent or Legal Guardian and the Student understand that the course includes activities that may be hazardous to the Student, including strenuous physical activity. The Parent or Legal Guardian and the Student do hereby expressly assume the risk of injury or harm for participating in the course and release Rockport Dance Academy, LLC from any and all liability or claims that the Student may have against Rockport Dance Academy, LLC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Student's participation in the course, whether caused by the negligence of Rockport Dance Academy, LLC or its employees, members, managers, volunteers or agents or otherwise.

As the Parent or Legal Guardian, I release and hold harmless Rockport Dance Academy, LLC, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Student and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Rockport Dance Academy, LLC, its owners and operators or in route to or from any of said premises.

Medical Emergency

The undersigned gives permission to Rockport Dance Academy, LLC, its owners and operators to seek medical treatment for the Student in the event they are not able to reach a Parent or Legal Guardian or designated emergency contact. The Student does not have any physical or mental restrictions to participating fully in the program except as set forth above.

I request that our doctor/physician \_\_\_\_\_ be called and that my child be transported to \_\_\_\_\_ hospital.

Photographic Release

The Student does hereby grant and convey unto Rockport Dance Academy, LLC all right, title, and interest in any and all photographic images and video or audio recordings made by Rockport Dance Academy, LLC during the Student's activities with Rockport Dance Academy, LLC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. If you wish to opt out of this Photographic Release, you must do so in writing to Rockport Dance Academy, LLC, 28 Railroad Avenue, Rockport, MA 01966, prior to the program's start.

Payment and Tuition Information

Tuition is due by the first of each month. If accounts are paid after the tenth of the month, there will be a \$25.00 late fee applied to the account balance.

There is a \$25.00 returned check charge for any checks returned by the bank. Please review our studio policies.

Other

The Student expressly agrees that the release and waiver construed herein is intended to be as broad as permitted by the laws of the Commonwealth of Massachusetts and that this Agreement shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts. The Student and Parent or Legal Guardian agree that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

I've read all of the above and the Studio Policies and agree to be bound thereby.

\_\_\_\_\_  
Signature of Parent or Legal Guardian, if Student is under age 18, or student age 18 and older

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