

## 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 2009: \_\_\_\_\_ Years of Dance Training: \_\_\_\_\_ Ballet: \_\_\_\_\_ Tap: \_\_\_\_\_ Jazz: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### 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



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](http://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: \_\_\_\_\_

