



# Registration Form

*Rhythm Dance Studio*

120 West Matthews Street

Matthews, NC 28105

704.845.5260

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

Returning Student: \_\_\_\_\_ New Student: \_\_\_\_\_

How did you hear about Rhythm? \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age as of August 2009: \_\_\_\_\_

Years of Dance Training: \_\_\_\_\_ ( Ballet: \_\_\_\_\_ Tap: \_\_\_\_\_ Jazz: \_\_\_\_\_ )

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

### ~ Emergency Contact Information ~

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Condition or Allergies: \_\_\_\_\_

Child's Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is student currently on any medications? \_\_\_\_\_

### ~ Classes ~

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

Class	Day	Time

Return with \$35.00 Registration Fee (non-refundable) to:

Rhythm Dance Studio, 120 W. Matthews Street, Matthews, NC 28105

For more information, please call 704.845.5260

Or visit at [www.dancerhythm.com](http://www.dancerhythm.com)

### HOLD HARMLESS AGREEMENT

by Student of Majority or by Parent/Legal Guardian of Minor Registrant

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/parents/legal guardians 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, independent contractors, employees and/or instructors.
- ★ I agree to waive claims against any person or organization connected with the Rhythm Dance Studio for any injuries I or my child(ren) may sustain and likewise assume full responsibility for my/my child(ren)'s 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 officer for publicity or promotion without compensation at this time or any other time. (Please complete Media Release Form.)
- ★ I, the undersigned, do hereby swear that I am the parent and/or legal guardian of minor child(ren), or am a student of majority who is voluntarily submitting application for registration in Rhythm Dance Studio.

Student of Majority or Parent/Legal Guardian of Minor Child(ren) Signature: \_\_\_\_\_

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