

Rayna's School of Dance



REGISTRATION FORM (to be completed for each student)

Student's Name: _____
Age (as of Sept. 09): _____ M ____ F ____
Address: _____
City: _____ State: _____ Zip Code: _____
Parent's/Guardian's Name: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

EMERGENCY CONTACT:

In addition to the parent/guardian of the student, someone who is authorized to pick him/her up after class or can be contacted if parent/guardian is unavailable.

Name: _____ Phone: _____
Relationship: _____ Email: _____

Does this student have any allergies, or health issues that the instructors should know about?

No _____ Yes _____ If yes, please describe: _____

I give permission to the instructor/dance studio personnel, in case of injury, illness, or emergency to contact this student's physician listed below and/or take this student to the hospital for any emergency or medical treatment:

Dr.'s Name: _____ Phone: _____
Signature: _____ Date: _____

Minimum of **two** ballet classes required for pointe class. Minimum of **one** ballet class required a week for all other styles of dance.

Type of lessons (Circle choices)

Preschool Ballet (Weekly: 1 2 3) Tap (Weekly: 1 2 3)

Jazz (Weekly: 1 2 3) Hip Hop (Weekly: 1 2 3) Pointe Cheerleading

Any day/time unable to attend: _____

Please make all checks and money orders made out to: **Rayna's School of Dance**

Payment is due the first of the month for that month of scheduled classes.

There is a \$15 registration fee and a costume deposit of \$50 due with registration. The costume deposit will be put towards costume expenses at end of year. Costumes usually run up to \$80.

If student withdraws **before November 30**, the deposit will be given back. Otherwise our costumes **will be ordered December 1** and **no refund** will be allowed.

Please initial each segment below. By doing so you acknowledge that you have read and understand the terms outlined below:

_____ I give my consent for photos or videos with my child visible in them to be used for promotional purposes.

_____ I understand that the risk of physical injury is inherent with dance training. I do not hold Rana Bonanno, or Rayna's School of Dance responsible for any injuries, losses, or death. I, the undersigned, am willing to assume those risks and release, hold harmless, and indemnify Rayna's School of Dance, and all its employees, from and against any and all claims, demands, actions, judgments, which I or any other person ever had or have against Rayna's School of Dance for any losses, costs, and expenses (including attorney's fees) and damages or injuries known or unknown, real or personal, sustained by me or my child while in attendance or participating in all Rayna's School of Dance programs. I, the undersigned, also agree that I will not hold Rayna's School of Dance responsible for the loss or damage of personal property while in attendance or participating in any of Rayna's School of Dance programs.

Please send this registration form and check or money order made out to

Rayna's School of Dance
11 Noyes Road
Old Lyme, CT 06371

ALL CLASSES HELD AT 22 DENLAR DRIVE, CHESTER, CT