Rayna's School of Dance

SUMMER REGISTRATION FORM (to be completed for each student)

Please PRINT CLEARLY

Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle class

Summer program July 9-11 Summer programs July 16-18 Musical Theater Program July 22-26

EMERGENCY CONTACT:
In addition to the parent/guardian of the student, someone who is authorized to be contacted if parent/guardian is unavailable.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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, incase of injury, illness, or emergency to contact this students physician listed below and/or take this student to the hospital for any emergency or medical treatment:

Dr.'s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Payment is due at the beginning of the session.

How did you hear about Rayna's School Of Dance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this registration form and cash or check made out to:

Rayna's School of Dance LLC 3 Inspiration Lane Unit B1 Chester, CT 06412

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. All students are free to refuse to be photographed or videotaped.
\_\_\_\_\_\_ I understand that the risk of physical injury is inherent with dance training. I do not hold Rana Bailey, or Rayna's School Of Dance LLC 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 LLC, and all its employees, from and against any and all claims, demands, actions, judgements, which I or any other person ever had or have against Rayna's School Of Dance LLC 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 LLC programs. I, the undersigned, also agree that I will not hold Rayna's School Of Dance LLC responsible for the loss or damage of personal property while in attendance or participating in any of Rayna's School Of Dance LLC programs.