

RHYTHMIC VISIONS DANCE CENTER

REGISTRATION FORM

Student's Name _____
Last First Middle

Age _____ Birth Date _____

Class Name Day Time

Address (House # & Street)

City State Zip Code

Phone Number _____

E-Mail Address _____

Parents/Guardians Name _____

Relationship to Student (please circle) Mother Father

Other (please specify) _____

Work Number _____
Extension

Cell Number _____

School _____

Medical History/Injuries

(Over)

New Dancers – previous years of dance # _____

Style of dance studied: _____

Referred by/ how did you hear about RVDC? _____

Town Talk - Daily Times - Phone Book – Friend - Summer Program –

Garnet Valley Press – Door Hanger - Sign (Please circle one)

RHYTHMIC VISIONS DANCE CENTER
HOLD HARMLESS AGREEMENT

On behalf of myself, my enrolled child(ren) and other family members in my care, I assume responsibility for any injury sustained or loss of property while on the premises of Rhythmic Visions Dance Center or any of its related functions. I agree to hold harmless Rhythmic Visions Dance Center, its director, instructors and any of its agents.

Parents/Guardian Signature _____ Date _____

RHYTHMIC VISIONS DANCE CENTER
POLICY & ACCOUNT AGREEMENT

I understand and agree to follow the policies of Rhythmic Visions Dance Center as stated in the Dancer's Handbook.

I understand there are no refunds, credits or deductions for classes missed or discontinued. I may, however, make up any missed class within a one - month period.

I understand that I may discontinue my classes and financial obligation to Rhythmic Visions Dance Center at any point in the year by completing a withdrawal form. Please note a (15) day notice is required.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE

R.V.D.C. is given all rights to use photos/videos, for promotional purposes only, taken of a group or individual by Rhythmic Visions and its representatives during the 2006-2007season.

Parents/Guardian Signature _____ Date _____