

RAINBOW DANCE ACADEMY**REGISTRATION FORM**

Office use Only: Pd check # _____ AMT. _____ Pd cash amt _____

STUDENT'S NAME _____ BIRTHDATE ____/____/____
*Last First Middle MM DD YY*SCHOOL _____ GRADE _____ DANCE EXPERIENCE (in yrs.) _____
(Fall)

Please write your First and Second Choice of Class Below.

Circle One: Tap, Jazz/Hip-Hop, Ballet, Pointe	Day _____	Time _____
2 nd Choice	Day _____	Time _____
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2 nd Choice	Day _____	Time _____
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BILLING NAME _____ Home Ph # (____) _____ - _____
EMAIL _____ Work Ph # (____) _____ - _____
 Do You check your email daily? Y or N Cell Ph # (____) _____ - _____
BILLING ADDRESS _____ **CITY** _____ **Zip** _____**Emergency Contact** _____ **PHONE** (____) _____ - _____**Doctor's Name** _____ **PHONE** (____) _____ - _____

*How did you learn about RDA? _____

Waiver of Liability - (RDA – Rainbow Dance Academy)

I, the undersigned parent or legal guardian of the student(s) above, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows and events offered by or attended by RDA. I accept all risks associated with that participation and understand that there is a full possibility of serious, physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against RDA and its owners, directors, employees, and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the student(s) listed above while participating at or for RDA.) **PARENT INITIAL HERE** _____

Insurance & Permission for Treatment - (RDA – Rainbow Dance Academy)

My Signature below indicates my certification that I have medical insurance on the student(s) listed above and will maintain continuous medical coverage while he/she dances at RDA. I also authorize RDA and its owners, employees, directors, etc. to use standard first aid procedures on the student(s) listed above and to consent any other medical procedure that is deemed necessary in the case of an emergency. Furthermore, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any RDA related activity including but not limited to RDA class, competition, show, etc. (Please list your medical coverage information below and let RDA know if changes occur.) **PARENT INITIAL HERE** _____

Insurance Company Name _____ PolicyHolder Name _____ Policy # _____

Photography and/or Video Release - (RDA – Rainbow Dance Academy)

I hereby give my permission to RDA for appropriate use of photographs of the student(s) listed above for RDA website, photo galleries, and program books, and promotional offers (such as fliers, mailings, advertisements.) **PARENT INITIAL HERE** _____

Parent or Legal Guardian Signature _____