

RHYTHM DANCE CENTER

REGISTRATION FORM

ACCOUNT INFORMATION							
Family Name:							
Contact #1 Name:		Cell Number:		Relationship:			
Contact #2 Name:		Cell Number:		Relationship:			
Family E-mail:							
Address:		Town:		Zip:			
Home Phone:							
Emergency Contact:		Relationship:		Emergency Contact Phone:			
Payment: Check 1		<input type="radio"/> Monthly		<input type="radio"/> Semi-Annual		<input type="radio"/> Yearly	
STUDENT INFORMATION							
Student First Name:		Last:		Birth date:		(Circle One) Male or Female	
Student E-mail Address:				Student Cell #:			
School:				Grade:			
Physical or Health Restrictions (if any):							
Previous Dance Affiliation:				Years of Study:			
Where did you learn about Rhythm Dance Center:							
CLASS INFORMATION							
Day	Time	Class	Fee	Day	Time	Class	Fee
BILLING INFORMATION							
Acct Holder Name:		Acct Mailing Address:		Check one: <input type="radio"/> Credit Card: <input type="radio"/> Checking Acct.			
Telephone:							
I authorize Rhythm Dance Center to charge tuition for 10 monthly payments on the 21 st of the month beginning August 21 st , 2020 to May 21 st , 2021. I agree to costume payments being charged on October and November 8 th , 2020. I agree that I will pay for this in accordance with the issuing bank cardholder agreement.							
Checking Account #:		Credit Card Number:		CVV:	VISA:	MC:	
Routing #:		Signature:		Expiration Date:	DISC:	AM. EX.:	
PHOTO/VIDEO PERMISSION							
Check Here	I hereby grant ___ / do not grant ___ permission to Rhythm Dance Center to photograph and videotape classes and performances in which my student is participating. I understand the studio may use these images in promotional advertisements and brochures, and on the studio website and Facebook page.						
Check Here	<p>LIABILITY DISCLAIMER: The studio, its staff, and its instructors are not liable for personal injury, loss or damage to personal property. Since this is a physical activity, injuries may occur. Each student may decline to participate in any activity, which he/she may consider to be harmful. It is the student's responsibility to inform the instructor of any physical limitations, which may prevent full participation in class. Registration fee is non-refundable</p>						
Patient/Guardian Signature: _____				Date: _____			