

# Rising Star Dance Center Registration Form

Student's Full Name: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Street or mailing address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work : \_\_\_\_\_ Cell \_\_\_\_\_

Dance Education: \_\_\_\_\_

Email: \_\_\_\_\_

- My child will be in the 2009 Dance Revue
- My Child will not be in the 2009 Dance Revue in June

Does student have any special needs? (Learning disabilities, handicaps, behavioral disorders, etc.) Is student taking any medicine?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SCHOOL YEAR

CLASS	LEVEL	DAY/ TIME	PRICE
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Total # of Classes \_\_\_\_\_

Total Price \_\_\_\_\_

I give permission for my child or myself, \* \_\_\_\_\_, to be photographed for keepsake and advertising photographs or videos at Rising Star Dance Center.

\* \_\_\_\_\_ (Date and Signature if over 18 or Parent/Guardian sign)

I will *read* the student handbook. I also understand that Rising Star Dance Center., or personnel, will not be held responsible for any injury or illness, and I will assume full responsibility for payment of tuition and charges incurred by my child (myself). In an emergency situation, when parental permission is not available, I grant permission to staff members at Rising Star Dance Center to seek treatment for my child (myself). In my absence or inability to communicate with emergency and hospital personnel, I grant Rising Star Dance Center personnel authority to release my child (myself) to the care of medical personnel.

\* \_\_\_\_\_ (Date and Signature if over 18 or Parent/Guardian sign)