

# 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 <sup>st</sup> of the month beginning August 21 <sup>st</sup> , 2021 to May 21 <sup>st</sup> , 2022. I agree to costume payments being charged on October and November 8 <sup>th</sup> , 2021. 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 **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 limitation which may prevent full participation in class. Registration fee is non-refundable.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_