



DANCE STUDIO, LLC

www.rnsdancestudio.com

945 CROMWELL AVE., ROCKY HILL, CT ~ 860-257-8673

2011-2012 REGISTRATION FORM

Required for all enrollees

Dancer Name	Dancer date of birth	Parent/ Guardian Name
Street Address	City & Zip Code	Home Phone
Cell Phone / Work Phone	Emergency contact (if other than parent/guardian)	
Our main mode of communication is through email. Please provide us with your current/best email address:		
Please let us know of any health conditions, restrictions or allergies we should be aware of (physical, mental, emotional):		
New students: please tell us how you heard about RNS Dance Studio: _____ Years of dance experience: _____		

DANCE CLASSES DESIRED

SUBJECT/ DAY/ TIME	SUBJECT/ DAY/ TIME

1. I understand that Rhythm-N-Sync Dance Studio, LLC is not responsible for left, lost or stolen articles.
2. I understand that Rhythm-N-Sync Dance Studio, LLC has a no refund and no prorating policy.
3. I understand that Rhythm-N-Sync Dance Studio, LLC does not send out bills and will be responsible for all payments as indicated in the studio information. (registration fee, tuition, costumes, late fees etc...)
4. I understand that dance is a physical activity where the main tool is the body. Therefore for proper placement and to prevent injury to the dancer, instructors may physically touch or move the body.
5. I understand that photos or video taken of dancers may be used for advertising or promotional purposes.
6. I understand that Rhythm-N-Sync Dance Studio, LLC puts on a yearly performance in May. Being a part of this performance is a privilege and a joy for most dancers and their families. It does require extra effort and I agree to follow the rules and policies that will be set forth by Rhythm-N-Sync Dance Studio, LLC.

Parent or legal guardian signature _____ Date _____

RELEASE OF ALL CLAIMS:

I have received, read and understand the policies and information for Rhythm-N-Sync Dance Studio, LLC. I have indicated any health condition the staff should know about and hereby release and discharge Rhythm-N-Sync Dance Studio, LLC, its director, staff and members from and against any and all liability or causes of actions out of or in connection with said students' participation. I fully understand that said student assumes all the risks in participating in any activity with Rhythm-N-Sync Dance Studio, LLC. I, the undersigned, understand that any activity which involves motion, rotation, height or inversion may cause serious accidental injury and all medical expenses will be covered by me or my health insurance. I have read this release and understand all of its terms. I hereby certify that I am the legal guardian of said student.

Parent or legal guardian signature _____ Date _____

****THIS FORM MUST BE SUBMITTED WITH YOUR FIRST TUITION PAYMENT, REGISTRATION FEE AND PAYMENT AUTHORIZATION FORM.****