

Rhythm-N-Sync Dance Studio, LLC

945 Cromwell Avenue * Rocky Hill, CT 06067

www.rnsdancestudio.com / 860-257-8673

Registration & Release Form Summer 2011

Student Name: _____ Age: _____ DOB: _____

Parent/Guardian Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

Email Address (please print): _____

Please indicate any health or allergy conditions: _____

Please indicate class(es) you are registering for:

*If prorating, list day(s) you will be missing:

TOTAL AMOUNT ENCLOSED:

\$ _____

Form and Fees Due At Least One Week Before the Start of Your Program!

Intensives are due two weeks before the start to receive the discounted session price.

All summer programs have a 4 student minimum to run and a maximum based on instructor availability!

Rhythm-N-Sync Dance Studio, LLC reserves the right to combine or restructure programs based on enrollment.

RELEASE OF ALL CLAIMS:

I have indicated any health condition that the staff should know about and hereby release and discharge Rhythm-N-Sync Dance Studio LLC, its owner and staff 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 understand that any activity which involves motion, rotation, height or inversion may cause serious accidental injury. I, the undersigned, have read this release and understand all of its terms. I certify that I am the legal guardian of said student.

Parent/Guardian Signature: _____ Date: _____