



ROD RODGERS DANCE COMPANY

VIRTUAL YOUTH PROGRAM FALL- WINTER 2020-2021

REGISTRATION FORM

(Please complete and submit via email to rododgers.dance@verizon.net)

Student Name (First/ Last) _____ / _____

Date of Birth _____ Age _____

School Attending (Fall - 9/20) _____ Grade _____

Home Address _____

Mother/ Guardian Name _____ Cell # _____

Email Address _____

Father/ Guardian Name _____ Cell # _____

Email Address _____

LIABILITY RELEASE In consideration of the acceptance of this application, I the undersigned intending to be legally bound, hereby for myself, my heirs, executors and administrator's, waive and release any and all rights and claims I may have against The Rod Rodgers Dance Company and Studios and its employees, successors and assigns for damages, injuries and/or claims which I might otherwise have arising out of said event. I attest and verify that my child is physically fit for the art form of dance. A licensed medical doctor has verified my child's physical condition. If signed by parent, the parent agrees to release and hold the above named organization and persons harmless of any claims and/or rights, which may be asserted by or on behalf of the applicant. I agree to permit any photos/videos/Zoom recordings taken of my child to be used for advertising and promotional purposes.

Parent/ Guardian's Signature _____ Initial _____ Date _____

My child will enroll into:

_____ Pre-Ballet/ Creative Dance

_____ Ballet I- II

_____ Ballet II- III

_____ Ballet III

_____ Modern I- II

_____ Modern II- III

_____ Hip Hop I- II

_____ Hip Hop II- III

My PROGRAM FEE Payment Option for this Fall- Winter 2020-2021 Session

_____ I will make Weekly Payments on my remaining balance _____ I will make Bi-Weekly Payments on my remaining balance

_____ I will make Monthly Payments on my remaining balance _____ I will make Bi-Monthly Payments on my remaining balance

_____ I will make other or Partial Payments on my Program Fee - **Please contact office for approval**

Note: Registration fee of \$10 for returning students or \$15 for new students is required (There are NO REFUNDS. In case of long-term health problems or serious emergency a credit will be considered.)

Once registered and payments made via PayPal is complete, you will receive a Zoom link from rrdcnyc@gmail.com for the classes.

PARENT/GUARDIAN'S SIGNATURE _____ Initial _____ DATE: _____