



# ROD RODGERS DANCE COMPANY

## YOUTH PROGRAM WINTER-SPRING 2023

### January 21<sup>st</sup> to May 20<sup>th</sup> 2023

## REGISTRATION FORM

Please complete and hand in at Front Desk or submit via email to [rododgers.dance@verizon.net](mailto:rododgers.dance@verizon.net)

Student Name (First/ Last) \_\_\_\_\_ / \_\_\_\_\_

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

School Attending (FALL- 9/22) \_\_\_\_\_ 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: \_\_\_\_\_ Date: \_\_\_\_\_

- My child will enroll into:**
- \_\_\_\_\_ Pre- Ballet (10 to 11am)
  - \_\_\_\_\_ Ballet I-II (11am to 12pm)
  - \_\_\_\_\_ Ballet II-III (12 to-1pm)
  - \_\_\_\_\_ Modern I-II (12 to 1pm)
  - \_\_\_\_\_ Modern II-III (1 to 2pm)
  - \_\_\_\_\_ Hip Hop I-II (1 to-2pm)
  - \_\_\_\_\_ Hip Hop II-III (2 to 3pm)

**My PROGRAM FEE Payment Option for this Winter-SPRING 2023 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 to receive approval: Note: Registration fee of \$15 for returning students or \$20 for new students is required (There are NO REFUNDS. In case of long-term health problems or serious emergency a credit will be considered.)**

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_