



2018 Summer Term Registration

Student's Name: _____ **Age:** _____

Grade: _____ **School:** _____ **DOB:** _____

Student's Name: _____ **Age:** _____

Grade: _____ **School:** _____ **DOB:** _____

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Cell:** _____

Parent Email: _____

Student Email: _____

Please check which camp(s) student will be attending:

_____ **The Greatest Show Camp** - *Sing, dance, tumble, and craft as an act in Barnum's Circus.* \$65
July 9th-11th 5 to 7 PM Ages 5-11

_____ **LEAP! Camp** - *Join Félicie and embark on a journey of dancing and crafts for all ballerinas!* \$65
July 16th - 18th 5 to 7 PM Ages 5-11

_____ **Unicorns, Rainbows, and Sparkles Camp** - *Dress up, slime, dancing, and all that glitters!* \$65
July 23rd - 25th 5 to 7 PM Ages 4-12

_____ **Dance With Me** - *Dance, tumble, and create cute crafts with your adorable little one!* \$25 per session
July 12th - 13th 5 to 6:15 PM Ages 2-4 with an adult
July 26th - 27th 5 to 6:15 PM Ages 2-4 with an adult
Sign up for both and receive a 15% discount!

_____ **Intermediate/Advanced Dance Intensive** - *Featuring guest instructors to give students a taste of what a summer study program is like.*
\$200 August 6th - 10th 9 AM to 5 PM *Required for TPDC members*

Total amount of tuition included \$ _____ Cash / Credit Card / Check # _____

Taxes are not reflected in the prices above. All fees are due in full at time of registration and are non-refundable.

Release From Liability and Payment Terms

Liability Release

We, the undersigned parents and/or guardians of _____, a minor, upon signing this agreement do hereby acknowledge that the activities that I have requested my daughter/son participate in may be stressful on the body and carry with them the risk of physical injury. On behalf of my child and her/his parents and /or legal guardians, I assume the risk and agree that **Rhythm 'N Motion, LLC**, directors, owner or faculty and any chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the dance studio, any of its related functions, as a participant or an observer on or off the premises.

My child has permission to receive any necessary emergency medical care. **Students must be covered by their own family health insurance.** It is understood that the student's own health insurance policy will be the only source of payment for any medical services, out of pocket expenses and pain and suffering that may be incurred or result from treatment due to an injury.

Media Release

We understand that **Rhythm 'N Motion, LLC** from time to time, may produce promotion material about its programs. We understand that as a participant, the above mentioned minor may be included in video tape or photographs taken at the studio or a performance venue. We hereby grant to **Rhythm 'N Motion**, its successors, assignees, licenses, sponsors and television networks and all other commercial exhibitors, the exclusive right to photograph and/or video tape participant and further utilize participant's name, face, likeness, voice and appearance, as part of the program, and in advertising and promoting the program, without reservation or limitation. In granting this license, I understand that **Rhythm 'N Motion** is under no obligation to exercise any of its rights, licenses and privileges herein granted by participant.

Payment Terms

I understand that **tuition is due the 1st of each month** starting in September and running through June. The tuition is based upon the total number of scheduled hours for the dance year and is not based on the actual classes during any given month. Tuition payments are evenly spread over the dance year. I understand that **tuition and costume fees are non-refundable** and there is a \$ 20.00 late fee if tuition is not received by the 6th of each month and that if an account becomes 2 weeks delinquent, the student will not be permitted to attend further classes until the account is brought current. Tuition payments may be mailed or dropped off at the desk at the studio. There is a \$25.00 fee added to all returned checks plus any bank charges Rhythm 'N Motion may incur. **I understand that costume payments are to be paid in full by December 15** or they will not be ordered and the student will be unable to participate in recital. All accounts must be up to date in order to receive costumes. Any costumes not picked up by May 1 become the property of the studio.

Parent/Guardian Signature _____ **Date** _____

Emergency Contact Information – parent listed on previous page will be contacted first!

Name: _____ Phone _____

Name: _____ Phone _____

Medical Insurance Provider

Name: _____ Group/Policy # _____

Family Physician _____ Phone _____

Place of Employment

Parent 1: _____ Phone _____

Parent 2: _____ Phone _____