

RHYTHM STUDIO 1

Registration Form

PLEASE PRINT LEGIBLY

Student's Name: _____ DOB: _____ Age: _____

Years of Dance Experience: _____ Previous Studio(s): _____ Years at RS1 _____

Formal Dance Experience: _____ School _____
 Attending _____ Grade _____

Mailing Address: _____

City: _____ State: _____ Zip _____ Home Phone: (____) _____

E-Mail: _____

Parent's or Guardian's Names: _____

Work Phone: (____) _____ Cell Phone: (____) _____ Other(____) _____

In case of emergency and parent cannot be reached, alternate name and number:

Emergency Contact Name: _____ Emergency Contact Phone: (____) _____

Pertinent Medical History _____

The student is enrolling in the following classes: (check all that apply)

TIME	CLASS	CHECK	CLASS	CHECK (IF INTERESTED)	CHECK
SAT 9:00 AM 9:30AM	Rhythm Steps I (Baby Ballet/Creative Movement)		SAT 12:00 Noon	Rhythm Sations Level I Ballet	
SAT 9:30 AM-10:00 AM	Rhythm Steps II Pre ballet / Pre Tap		SAT 1:00 PM	Hip Hop	
SAT 10:00 AM	Rhythm Steps III Ballet		SAT 2:00 PM-2:30 PM	Tap	
SAT 11:00 AM	Rhythm Steps III Jazz		Thursday 7:30 PM	Rhythm Sations Level I Jazz	
CLASSES ADDED ACCORDING TO ENROLLMENT			CHECK (IF INTERESTED)		
Praise					
Modern					

Release Form

As with any form of physical activity, there is a possibility for injury. Rhythm Studio 1 and its agents do not assume responsibility for injury. The undersigned and student agree to not hold Rhythm Studio 1, its representatives or affiliates liable for injury and further assumes responsibility, financial or otherwise for any loss or damage of personal property or for any medical attention necessitated from participating in classes or while on the property where Rhythm Studio 1 classes are held. I am also aware that Rhythm Studio 1 occasionally publishes pictures of their students on the web, in the newspaper, and in various other advertising media. Rhythm Studio 1 has my permission to use any dance pictures taken of the above named student for advertising and/or informational purposes. I have read Rhythm Studio 1 Policies and Procedures, fully understand them and agree to adhere to all of them.

_____ Date

_____ Signature (parent or guardian if student is under 18 yrs of age)

Return registration form to the registration desk or mail to: Rhythm Studio 1, P.O. Box 683252, Houston, Texas 77268-3252

For Office Use Only: Date of initial payment _____ Registration Fee _____ Total Tuition _____ Balance _____