

Registration Form

1) Students Name:	Age:	Birthdate:/ Shoe Size:
2) Students Name:	Age:	Birthdate:/ Shoe Size:
3) Students Name:	Age:	Birthdate:/ Shoe Size:
Parents/Guardian:		Email:
Address:	City/St:	Zip:
Home Phone:	Daytime Phone:	Cell:
Name of person responsible for tuition:		Phone:
Requested Class(s): List class requested for each student below. Classes: Preschool Combo ages 3&4, Jazz/Hip Hop ages 5 & up, Tap ages 5 & up, Ballet/Pointe ages 5 & up.		
Student 1:		
Student 2:		
Student 3:		
WAIVER OF LIABILITY I, the undersigned parent or legal guardian of the dancer(s) listed above, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows and events offered by or attended by Roselawn Dance. I accept all risks associated with that participation and understand that there is a full possibility of serious physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against Roselawn Dance and its owners, employees and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which		
may be sustained or suffered by the dancer	. ,	gat or for Roselawn Dance.
I have read, understand and will abide by th	·	
Signed:		Date:/
During the year Roselawn Dance may tak promoting Roselawn Dance. Please check		e activities to put on the web site or use in
☐ I give permission for the student(s) listed☐ I do not want the students above to appear		
Roselawn Dance Use: RegFee: Paid \$ Tuition Fee: Paid \$	Shoes: Paid \$ □0	Cash □Check # Date://