

Randazzo Dance
Summer Intensive Ballet Program
Ballet 3 through Advanced Ballet
August 9-13,2010
9am - 5pm

Registration form

Student name _____

Parent/Guardian name _____

Address _____

City _____ State _____ Zip code _____

Home ph# _____ Work ph# _____ Cell ph# _____

E-mail address _____ Student birth date _____

Tuition: \$ 275.00

\$50.00 Deposit due by June 1, 2010 Amt paid: \$ _____ Date paid: _____

Balance of \$ _____ due July 1, 2010 Amt paid: \$ _____ Date paid: _____

Indicate payment type: Cash ____ Check ____ (check# _____) CC ____

(Credit Card payments must be done in person at Randazzo Dance Studio)

Agreement

I/we, _____ the parent(s) or legal guardian(s) of _____ (the student) have read and understood the Randazzo Dance rules and agree to abide by these rules and other published policies and regulations. Rules and rule changes will also be posted on the web-site at www.randazzodance.com and in the studio. I/we recognize the necessity of physical contact with instructors and student and the risk of illness and injury inherent in any dance program. I am participating or allowing the student/child to participate upon the express agreement and understanding that I am hereby waiving and releasing Randazzo Dance, its Directors, employees and agents from and against all claims, except for illness and injury directly resulting from gross negligence or willful misconduct on the part of Randazzo Dance, its Directors, employees and agents. As the parent, legal guardian or student, I hereby grant Randazzo Dance or a designated agent of Randazzo Dance permission to take photographs or video of me and/or my child participating in dance activities and to reproduce them for educational, informational and promotional materials.

Date _____

Parent/guardian signature _____

Student signature (if over 18) _____