

STUDENT NAME _____		BIRTHDATE _____	
PARENT NAME _____			
ADDRESS _____	CITY _____	ST _____	ZIP _____
HOME PHONE _____	WORK PHONE _____	CELL PHONE _____	

Tuition per semester
Amount Pd. At Registration:

DAY / TIME / INSTRUCTOR	CLASS TYPE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

E-mail Address: _____	*****SEE BACK OF CARD*****
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Agreement

I/we, _____ the parent(s)/ legal guardian(s) of _____ have read and understood the Randazzo Dance Studio Rules and agree to abide by these rules and other published policies and regulations. Rules and rule changes will also be posted on the website at www.randazzodance.com and in the studio. I/we recognize the necessity of occasional physical contact with instructors and students 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 to take photographs of me and/or my child participating in dance activities and to reproduce them for educational, informational or promotional materials.

Parent/Guardian _____
 Student (if over 18) _____
 Date _____