



## SUMMER REGISTRATION 2020

Name of Student \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address \_\_\_\_\_ Birthdate: \_\_\_\_\_ School Level: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name of Class/ Day/Time

Online

In Person

\_\_\_\_\_

☐☐

\_\_\_\_\_

☐☐

\_\_\_\_\_

☐☐

\_\_\_\_\_

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### Payment

Total Tuition Paid: \$ \_\_\_\_\_

☐ Cash ☐ CC ☐ Check # \_\_\_\_\_

I am aware that dancing is an activity that can challenge the body and thus has the potential for physical injury. On behalf of my child (or myself, if not a minor) I acknowledge that Richmond Dance Center will not be held liable for any injury sustained during class or studio functions. I have read and understand the policies set forth by Richmond Dance Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_