



RedApple Learning Campus (RALC)

(919)323-0368 | SchoolRedApple@gmail.com | www.ralcnc.org



2019 RALC SUMMER DANCE CLASS REGISTRATION

◆**Location:** Barriskill Dance Theatre School

◆**Address:** 3642 Shannon Road, Durham, NC 27707

◆**Time:** Sunday 2:30-3:30pm (June 30-Aug 18)

◆ Tuition	
Full Session (8-week)	\$120(\$15/week)
Part-session by the Week	\$18/week

Student Name _____ Gender _____ Age _____ Grade _____

Parent Name _____ Home Phone _____

Cell Phone _____ Email _____

Home address _____
Street City State Zip

Health Care Provider & Phone _____

Additional Notes _____

Emergency Contact Name & Phone _____

Please check boxes to indicate weeks desired:

<input type="checkbox"/> Full session (8-week)		Total tuition : \$120.00	
Part-session by the week			
<input type="checkbox"/> Week#1 June 30	<input type="checkbox"/> Week#2 July 7	<input type="checkbox"/> Week#3 July 14	<input type="checkbox"/> Week#4 July 21
<input type="checkbox"/> Week#5 July 28	<input type="checkbox"/> Week#6 Aug 4	<input type="checkbox"/> Week#7 Aug 11	<input type="checkbox"/> Week#8 Aug 18
Total tuition amount: \$18 x _____ week(s)= \$_____			

Permission & Liability Waiver:

My child, _____, has permission to fully participate in RedApple Learning Campus (RALC) summer dance class. I, as parent/legal guardian, agree to hold harmless RALC and its staff from liability resulting from any accidents and injuries occurring during summer dance class hours. I hereby grant permission for the RALC staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include: 1) call the parents; 2) contact the Emergency contacts listed on the registration form; 3) call paramedics or the child's health care provider. Staff will call 911 if parents, emergency contacts, and the child's physician cannot be reached. I understand that RALC and staff will not be responsible for anything that may happen as a result of false information provided by parents. I have carefully read and understand all of the above terms and conditions. Prior to signing this agreement, I have had an opportunity to ask any questions. I am aware that by signing this form, I assume all risks and waive and release all substantial rights that I may have and possess.

Photography and Publicity Release: I authorize RALC to use a photography or other image of my child only for public relations purposes connected to RALC programs. I understand that my child's name will not be published with an image.

Parent Signature _____ Date _____