



# Rachel Park DANCE CENTER

## ENROLLMENT FORM 2018-2019

Please return completed form, registration fee (\$25/student or \$30/family) & 1st month's tuition to the office or mail to Rachel Park Dance Center, 8 So. Main Street, P.O. Box 694 Middleboro, MA 02346. Checks or money orders payable to RPDC. Please do not send cash.

Today's date:					
GENERAL STUDENT INFORMATION					
Student's last name:	First:	Middle:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birth date: / /
Home Address:	City:		State:		ZIP Code:
Years of training @ RPDC :	Medical Conditions:			Allergies:	
Siblings enrolled at RPDC:					

FAMILY INFORMATION			
Parent/Guardian Name:			
Person responsible for tuition:	Email Address:	Address (if different):	Home/Cell phone no.: ( )

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to student:		Home/Cell phone no.: ( )

PARENT/GUARDIAN AGREEMENT	
<p>I understand that from time to time, students from the Rachel Park Dance Center will have their photos taken, or a recital video will be made and these photos or videos may be used for appropriate marketing or may be sold to parents to be kept as treasured mementos. I accept this and authorize the Rachel Park Dance Center and its owners, instructors, hired photographers and videographers to photograph or video my child at recitals and other types of performances, including practicing for such performances. I acknowledge that there is potential for injury with participation in dance just as in any sport, which includes all classes at the Rachel Park Dance Center; and, while the Rachel Park Dance Center, its owners, directors and instructors will make every reasonable effort to eliminate potential for injury, such injury may still occur. I understand this risk and agree to hold the Rachel Park Dance Center, its owners, directors and instructors harmless from any and all liability connected with any injury arising out of participation in classes, rehearsals or performances at or associated with the Rachel Park Dance Center. I have read the Rachel Park Dance Center handbook in its entirety and I fully understand and agree to the 2018-2019 Policies &amp; General Information set forth by the Rachel Park Dance Center.</p>	
_____ Parent/Guardian signature	_____ Date

\*\*\*Please indicate the classes you are registering for:

Office Use: Reg Fee \_\_\_\_\_ 1<sup>st</sup> month's tuition \_\_\_\_\_ Total Amt Pd \_\_\_\_\_ Chk# \_\_\_\_\_ Cash \_\_\_\_\_  
Staff Initials: \_\_\_\_\_