Feel the Rhythm Dance Studio 2020-2021 Registration

Registration Fee: \$35.00 per student or \$50.00 per family **by** June 30th Registration Fee: \$45.00 per student or \$60.00 per family **by** July 31st Registration Fee: \$55.00 per student or \$70.00 per family **after** July 31st

Annual Open House

TBD based upon securing a 2020 Recital Date

Please print, fill out and mail form with fee to PO Box 571 Rostraver Twp, PA 15012 Checks made payable to **Feel the Rhythm**

Student's Name: _____ DOB: _____ Age: ____

Parent's Name:	Student's Grade:
Address:	City:
State: Zip Code: Email:	
Home Phone: Cell Ph	none:
Emergency Contacts: 1)	
2)	
Previous Dance Training: Y N If yes, how man	y years:
What Styles?:	
Allergies or Special Medical Info:	
Terms: AGREEMENT TO PARTICIPATE AND LIABILITY WAIVER: I to hereby fully release and discharge Feel the Rhythm, LLC, its owners, statincurred by any of my family members while participating in classes or vauthorization of MEDICAL CARE: In case of injury or illness accept full responsibility for all medical expenses. POLICIES AND PROCEDURES AGREEMENT: I have read, underso the Rhythm, LLC including but not limited to; full tuition being paid by the paid in full by assigned dates, no refunds on tuition, costumes or registratinaccount from the previous season, I must pay this in full prior to my child RELEASE: I understand that my signature as written below provides my used to promote Feel the Rhythm, LLC.	ff and related parties responsible for injuries and/or damages isiting Feel the Rhythm facilities s while participating, I authorize medical care for my child and stand and will abide by all policies and procedures set forth by Feel the 15 th of each month, paying late fees if applicable, costumes being ion fees for any reason. If an outstanding balance remains on my d(ren) starting the new season.
Signature:	Date: