

Ridgefield Conservatory of Dance **Registration**

'08 | '09



Date:

Account Name (Billing)

Address

City, State, Zip

Home Phone Email

Parent 1 Home Phone

Employer Employer Phone

Parent 2 Home Phone

Employer Employer Phone

Student Name Male Female

Please check one: New Student Continuing Student

Current Academic School Grade {as of 9/2008}

Date of Birth Age

Previous Experience/Study?

Physical Limitations (if any) ?

Class Class Class Class Class Class

Day Day Day Day Day Day

Time Time Time Time Time Time

A \$45 yearly registration fee and a non-refundable \$50 deposit per class must accompany this form.

Parent 1 Cell Phone

Parent 2 Cell Phone

Name of Student's Physician Phone

Persons to be contacted if you, your spouse, or Student's legal guardian(s) are unavailable:

Name Phone

Name Phone

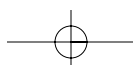
Name Phone

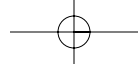
How did you hear about us?

Friend Advertisement Online

RCD Production Other

Ridgefield Conservatory of Dance, Inc. is a non-profit organization and offers equal employment and educational opportunities in accordance with all applicable Federal, State and local laws against discrimination on the basis of race, sex, religion, national origin, age or sexual orientation.





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I understand that I am responsible for the entire tuition of classes for which I have registered and that tuition payments will be applied to the term in which they are paid. There are no refunds for missed classes or voluntary withdrawal from RCD during the term. Refunds will only be given in the event of prolonged illness or injury, verified by a doctor's excuse.

Signature Date
{if under 18, signature of parent or legal guardian is required}

I hereby grant to RCD permission to take photos, videos, and/or films of me, my son and/or daughter and consent to the use of such material for promotional purposes by RCD.

Signature Date
{if under 18, signature of parent or legal guardian is required}

Release

I recognize the inherent risks of accident and injury associated with any program of exercise or dance and acknowledge that I am participating upon the express understanding that I am willing and able to accept full responsibility for my own safety and welfare. I hereby release RCD and agree to hold RCD harmless from and against all claims and liabilities whatsoever which I may have arising out of my participation at RCD, except for those resulting directly from gross negligence or willful misconduct of RCD. I hereby execute and deliver this Release to induce Ridgefield Conservatory of Dance to permit me to participate in its programs.

Signature Date
{if under 18, signature of parent or legal guardian is required}

Authorization for Substituted Consent and Emergency Contact Information

I hereby grant permission to the Director of Ridgefield Conservatory of Dance (RCD) or anyone designated by the Director, and to those persons listed below as emergency contacts to authorize emergency medical or surgical treatment, including , but not limited to, blood or blood product transfusions, diagnostic procedures, and the administration of anesthesia, for Student where medically appropriate in case of injury, accident, or illness: subject, however, to the following limitations (if none, so state):

Limitations

This authorization is given for the benefit of Student. The authorization given to the Director with the understanding that the Director, or the Director's designee, (1) will act only in my absence, and (2) will act only until such time as I or my spouse or the Student's legal guardian or the persons designated below can be contacted. I understand the medical appropriateness of such treatment shall be determined by the attending physician or by the medical facility's medical staff, and that such a determination shall be conclusive evidence of the reasonableness of the consent given, I agree to hold the Director, anyone designated by the Director, RCD and any employees, officers, and directors of RCD harmless from liability arising from any and all medical treatment, or complications arising therefrom, rendered as a result of consent given pursuant to this authorization.

I further authorize (1) the release by RCD or by the persons listed prior to the health care provider of such medical and personal information as RCD or the persons listed below may have regarding Student, and (2) the use of such information by the health care provider in the subsequent medical treatment of student.

