



REGISTRATION FORM FOR SUMMER SESSION

DATE: _____

Student's Name: _____

Age: _____

Birthday: ____/____/____

Dance School (if not River Dance): _____

Workshop: Primary (Ages 2 ½ - 4) or Turn and Leap Camp (Ages 9 - 14) (Please Circle One)

*****THIS WILL BE MY _____ YEAR OF DANCE! ***** MUST FILL THIS OUT!!!!

Parent's Name: _____

(or Guardian)

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Person Responsible for Payment: _____

Address & Phone (if different): _____

Emergency Contact: _____ Phone: _____

Relationship to Student: _____

By signing below I am acknowledging that I have read, agreed to, and will abide by the Policies and Procedures of River Dance Centre.

Parent / Guardian

Date



RIVER DANCE CENTRE', L.L.C.

**129 River Ranch Blvd.
Lafayette, LA 70508**

Phone (337) 988-2328

ACKNOWLEDGMENT AND RELEASE

As the parents(s) and/or legal guardian(s) of _____ (hereinafter referred to as the "Student"), I/we hereby acknowledge that, for and in consideration of the dancing lessons taught to Student, I/we do hereby acknowledge and agree to the following:

1. That dancing and the taking of dancing lessons, is of itself a potential hazardous act;
2. That Student is of the appropriate age to take dance lessons; is in good health with no known physical, psychological or emotional abnormalities that would interfere with the taking of dancing lessons; and
3. To the extent allowed by law, release and forever discharge River Dance Centre', L.L.C. and its members, representatives, employees and/or agents from any and all liability resulting from personal injuries and/or property damage in any way resulting from or arising out of dancing lessons conducted at the premises located at 129 River Ranch Blvd., Lafayette, Louisiana 70508.

YES, I have read the policies of River Dance Centre and agree to abide by them.

THUS DONE AND SIGNED on this _____ day of _____, 2010.

RIVER DANCE CENTRE', L.L.C.

PARENT/LEGAL GUARDIAN

BY: _____

PARENT/LEGAL GUARDIAN

**River Dance Studio has my permission to give my address and phone number to other students.
Please Circle One: YES or NO**