



Raas Rock Studio
Dance Registration Form

STUDENT NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

BIRTHDATE

NAME (PARENTS/GURDIAN)

EMERGENCY CONTACT NUMBER

Allergies and/or Medical Conditions Please describe in order to help us when working you or your child:

Waiver and Release You or your child will be participating in a movement activity and as with all movement activities; there may be some risk of injury. While proper body alignment and safety while dancing is taught and reinforced throughout the session, there may be circumstances beyond the instructor's control. By signing below, you will not hold RAAS ROCK STUDIO or it's teachers responsible for any injury you or your child may receive while participating in the movement activities. By signing below you have informed the teacher of any and all previous injuries or medical conditions that the teacher needs to know in order to insure you or your children's safety while exercising. Additionally, I agree that Raas Rock Studio is not responsible for any lost or stolen items that may occur while participating in Raas Rock Studio program. This release is effective for the period of one year from the date given below.

Photo Release Raas Rock Studio is including photos of students, teachers, and studio activities on its website, Facebook page and printed brochures. I understand that these pictures will be accessible to anyone with internet access; however, no names of subjects will be published. We/I hereby give permission for Raas Rock Studio to use photos on its website, Facebook page, in brochures and/or electronic forms of communication.

STUDENT/PARENT/GARDIAN SIGNATURE

DATE

PRINT NAME

CHILD'S NAME