



SCHOOL OF DANCE

15146 River Road
Norco, Louisiana
rrbinc94@gmail.com
www.rrpa.org

2017-2018 Registration Form

Please complete and return this form along with your \$30.00 registration fee. Make checks payable to River Region Ballet, Inc. Mail form and check to River Region Ballet, Inc.; P.O. Box 845, Destrehan LA 70047.

**** Please make sure to read our policies on the back of the registration form. ****

Student: Last Name: _____ First: _____ Middle: _____

Nickname: _____ Age: _____ Birthday: _____

Name of Parent(s)/Guardian(s) (if student is under 18):

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

School/University (if applies): _____

Special Needs/Allergies: _____

Medical Condition/Limitations: _____

Emergency Contact (other than parents): _____

Relation: _____ Phone: _____

Previous Dance Experience: (No experience is necessary to register!)

Ballet: ___yrs / Pointe: ___yrs / Tap: ___yrs / Jazz: ___yrs Total Years in Dance: _____

Other Dance Experience: _____

Previous Dance Schools: _____

Preferred Method of Payment: Monthly _____ Semester _____ Yearly _____

Classes Interested In: _____

For office use only

Registration Date: _____

Registration Fee: _____

Imputed into JackRabbit: _____

Tuition Amount: _____

Special Order:

Conditions of Enrollment:

1. Students and/or parents that are disrespectful to other students, instructors and/or other River Region School of Dance staff may be asked to leave the studio. River Region School of Dance reserves the right to refuse services.
2. All students are to arrive on time, dressed in dance attire and have their hair neatly pulled back off their face. **Students ages 3-6 should be escorted by their parents or guardian to the bathroom BEFORE the start of each class.**
3. Parents of students ages 3-10 are asked to walk students up to the studio and pick them up upstairs following their class.
4. River Region School of Dance is not responsible for lost/stolen belongings. Please make sure your child has all their belongings when they leave and that their name is written on all items.
5. The school does not issue refunds or credits to students for classes missed due to illness, vacation, religious observance, or for any other reason. Any missed classes can be made up by attending a class from the level during that same month.
6. There is a \$25.00 service charge for any returned checks. We do not redeposit returned checks.
7. Registration fees and Tuition are non-refundable.
8. Classes are non-transferable.
9. I understand that dance classes involve physical movement and exertion, and represent that the student named on the reverse side is in good physical health and is capable of performing the dances required for participation in the classes. I waive all liability against River Region School of Dance and its staff for any injury or loss of property sustained while participating in any classes or activities of the school.
10. In the event that a parent or the emergency contact is not available, I give permission to the staff of River Region School of Dance to obtain emergency medical treatment for any illness or injury that may occur while the student is attending the school.
11. The school reserves the right to use photos and video of students from dance class or performances for advertising and marketing.
12. Students should not enter the studio without a teacher present.
13. Payment of dance tuition verifies the acceptance of these conditions of enrollment and the policies of River Region School of Dance.

Waiver/Release:

I hereby release and hold harmless River Region School of Dance, its directors, employees, instructors, guest instructors, board members, and volunteers against any liability resulting from any injury that may occur to the participant while participating in activities of the River Region School of Dance. I expressly assume the risk associated with dancing and choreography and all other events and programs and performances sponsored by River Region School of Dance. I certify that students listed above are in good health and capable of participation in all activities and classes. In an emergency, I authorize River Region School of Dance to take such temporary measures as River Region School of Dance deems appropriate. I hereby give permission to River Region School of Dance to take photographs and/or videos of students listed above that will become permanent/sole property of River Region School of Dance. I consent to the use of such materials for promotional purposes by River Region School of Dance. I agree to pay my account in full when due. I also agree to pay any and all fees associated with the collection of any outstanding balances on my account. I understand that all tuition payments are non-refundable and non-transferable. I understand that there are no credits or refunds given for missed classes. I understand that disruptive behavior may require the instructor to dismiss a student from class. I agree to abide by all River Region School of Dance policies and will direct any comments or suggestions directly to the ballet mistress.

Signature of Parent/Guardian (if student is under 18): _____

Signature of Student: _____ Date: _____