



# REGISTRATION FORM 2010-2011

100 Railroad Ave, Suite 201, Westminster, MD 21157

410-857-9476

www.reflectionsindance.org

## GENERAL CONSENT AND RELEASE

All participants must sign this liability agreement. Participants under 18 must have a parent or guardian sign this form. Note: Registration will not be accepted if this form is not properly signed.

**PHOTO, VIDEO, & AUDIO RELEASE:** I hereby give permission to Reflections In Dance to photograph, video, film, and/or audio record my child and/or me. I consent to the use of such materials for all uses including recital videos, class photos, and all promotional material, including the Reflections In Dance Web Site. This release is granted for the duration of my/ my child's enrollment in the school. Any changes or provisions to this release must be made in writing to the school. Student's names will only be used in the credits of the recital video.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I, the undersigned, recognize and understand the risk of physical injury inherent in the dance class and dance training and I am willing to assume those risks. I certify that I will not hold Reflections in Dance (therein called THE SCHOOL), or any faculty member, staff or employee liable for injuries sustained by me or my guests while on school premises, including parking area or during participation in any activity related to THE SCHOOL. I agree to indemnify THE SCHOOL for all liabilities, cost and judgments arising from acts or omissions committed by me which result in injury or damage to any person or party.

I understand that it is my responsibility to safeguard my personal property and realize it is not the responsibility of THE SCHOOL. I agree that I will not hold THE SCHOOL responsible for the loss or damage of personal property while in attendance. I also agree to abide by the rules, regulations and policies of THE SCHOOL.

I further acknowledge that I have read and understand THE SCHOOL Policies, The school Code of Conduct and agree to abide as stated in the registration packet and on the school web-site. Students 10 and up must sign that they have read the same Code of Conduct and Policies.

\_\_\_\_\_  
Participant's Signature (if over 10)

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature if participant is under 18

Date: \_\_\_\_\_

## ENROLLMENT FEES AND PROCESS

All fees are non-refundable including tuition, registration and Performance/Costume fees.

Complete form on back of this page and return with \$20.00 registration fee **and** preferably first month, 1/2 year or full year's tuition. Mail to: Reflections in Dance, Beacon Commercial Exchange, 100 Railroad Avenue, Suite 201, Westminster, MD 21157. New Students: **\$5.00 off registration fee if form and payment are received by August 15, 2010.** Returning Students: registration fee will be waived if payment is received by August 15, 2010.

*\*Registration is NOT COMPLETE without PAYMENT!*

- You are immediately enrolled when we receive your registration form and payment.
- If you would like a confirmation letter of your acceptance, please check this box and include a SASE with this form.



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## PARENT/GUARDIAN INFORMATION (Please Print)

Parent Name 1	<input type="text"/>	Home Phone	<input type="text"/>	Cell	<input type="text"/>
E-Mail	<input type="text"/>	Work Phone	<input type="text"/>		
Parent Name 2	<input type="text"/>	Home Phone	<input type="text"/>	Cell	<input type="text"/>
E-Mail	<input type="text"/>	Work Phone	<input type="text"/>		

## STUDENT INFORMATION (Please Print)

Student Name	<input type="text"/>	Phone	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
School	<input type="text"/>	Grade	<input type="text"/>	Years of Past Instruction	<input type="text"/>
				Zip	<input type="text"/>

## How Did you hear about Reflections In Dance?

Web Site:       Phone Book:       Friend

Other:

## CLASS AND FEES Include \$20 registration fee after 8/15/10 (See Enrollment fees & Process on Reverse)

Class	Day	Time	Hours	Cost

Payment Choice: Monthly \_\_\_\_ 1/2 yr \_\_\_\_ Full \_\_\_\_ Total due  
                             Fall \_\_\_\_ Summer: \_\_\_\_

## Office Use Only

Amount:	<input type="text"/>	Cash	<input type="text"/>	Credit Card	<input type="text"/>	Check	<input type="text"/>
Date Received	<input type="text"/>	Received By	<input type="text"/>	Special Needs	<input type="text"/>		