

Robin's School of Dance & Fitness / Evergreen Yoga *Barre* Fitness Registration, Participant Information, & Acknowledgment

Participant Name:	Participant Name:
Age:	Age:
Date of Birth:	Date of Birth:
Gender:	Gender:
Year Started at RSD:	Year Started at RSD:
Years in Dance:	Years in Dance:
Emergency Contact:	Emergency Contact:
Emergency #:	Emergency #:
Participant Name:	Participant Name:
Age:	Age:
Date of Birth:	Date of Birth:
Gender:	Gender:
Year Started at RSD:	Year Started at RSD:
Years in Dance:	Years in Dance:
Emergency Contact:	Emergency Contact:
Emergency #:	Emergency #:

If any participant is currently, or has a history of, experiencing any medical conditions (i.e. injury, asthma, epilepsy, etc.) that the instructors should be aware of, please provide the details here:

If the participant is currently taking medications or has serious allergies that should be made known to medical personnel in the case of an emergency, please provide the details here: _____

I, the undersigned adult participant or parent/guardian of the above minor participant, agree that I have consulted with a physician to ensure that I, or my student, can take dance, tumbling and/or fitness classes. I recognize that it is solely my responsibility to notify the instructor of any serious illness or injury on my behalf or my student's behalf before class. Initials: _____

I hereby grant instructors at Robin's School of Dance & Fitness and Evergreen Yoga *Barre* Fitness permission to use my likeness, and the likeness of my student, in any photographs or videos in any and all of its advertising and publications, including website entries and social media posts without payment or any other consideration. Initials: _____

[INFORMATION/SIGNATURES REQUIRED ON SECOND & THIRD PAGES]

For minor participants, please provide:

Parent/Guardian Name:		Parent/Guardian Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Home phone:		Home phone:	
Cell phone (required):		Cell phone (required):	
Email (required):		Email (required):	
Emergency Contact #:		Emergency Contact #:	
Parent/Guardian Name:		Parent/Guardian Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Home phone:		Home phone:	
Cell phone (required):		Cell phone (required):	
Email (required):		Email (required):	
Emergency Contact #:		Emergency Contact #:	

For dance/tumbling students -- I understand that I, and my student, are making a 9-month commitment for the current dance season and that tuition and fees are non-refundable. I agree to pay the tuition fee according to the plan I chose (monthly auto-withdraw, semester payments in August and January, or yearly tuition in August) and **do not** expect any refund if the student is not in complete attendance.

For company dancers -- I, the participant and the parent/guardian of the participant, understand that company placement for the dance season is contingent upon, and solely at the discretion of, the Robin’s School of Dance and Fitness staff and their evaluation of numerous factors. These factors include, but are not limited to, my age, perceived dance ability and technical strength, audition scores, and past in-studio performance. I understand that competition group placements are multifaceted in nature, requiring that numerous evaluative processes and decisions be both undergone and executed by the RSD staff. Therefore, I understand, accept, and am willing to comply with the company selection procedures and decisions made by the Robin’s School of Dance and Fitness staff. I understand that if I am placed in an RSD Company group, I am expected to demonstrate loyalty to and solely represent RSD and no other dance studio. As a company dancer, I understand that I am committed to taking regular classes solely at and solely competing with Team RSD. I understand that I cannot take regular classes with or compete with or under the direction of any other dance studio. I understand attendance at other special intensives or clinics and involvement in additional competitions may be authorized if approved by RSD Company staff. This conflicts and loyalty provision does not in any way prevent RSD Company dancers from being involved in and competing with their school team or attending school or recreational dance camps.

For all participants -- I understand that participation in all activities with Robin’s School of Dance and Fitness or Evergreen Yoga *Barre* Fitness present a risk of property damage, serious bodily injury, or death and I acknowledge and agree that neither Robin’s School of Dance and Fitness or Evergreen Yoga *Barre* Fitness, nor any agent thereof, are responsible for any injury or loss incurred or sustained while on the premises of the studio of involved in the activities for which I, or my student, am registering or any events I, or my student, is participating in with Robin’s School of Dance and Fitness or Evergreen Yoga *Barre* Fitness.

[SIGNATURES REQUIRED ON THIRD PAGE]

Participant Signature

Date

Parent/Guardian Signature (if participant is under 18)

Date