

Rachel's Ballet

43695 Mission Blvd, Fremont, CA 94539 (MG)
 40057 Mission Blvd, Fremont, CA 94539 (MV)
 (510) 656-0920 www.rachelsballet.com

REGISTRATION FORM

Please CHECK the session for which you are registering:

Summer Session 2010: July 12, 2010 - Sept 4, 2010

Fall 2010 To Spring 2011: Sept 7, 2010 - June 18, 2011

Student Name	Birthdate
Previous Dance Training	
Special Needs/Comments (asthma, allergies, etc.)	
Mother's Name	Cell Phone
Father's Name	Cell Phone
Home Address	Home Phone
Communication will be by email & our web site. Please provide an email address you check regularly. Email Address	
Emergency Contact Name	Emergency Phone

	COURSE #	Enter Monthly Tuition Installment	Enter Flat Fee by Grade Level (for Fall To Spring Only)
Class #1			
Class #2			
Class #3			
Class #4			
Subtotal			
Less Discount (describe)			
Less Discount (describe)			
Adjusted Subtotal			
Multiply by 2		x 2	
2 Month Tuition Subtotal			
<i>For Fall To Spring Only:</i> Add Flat Fee by Grade Level Total			Continuing Students Only: Deadline For Regist. Waiver is June 12, 2010 for Summer & Aug. 14, 2010 for Fall
Add Registration Fee if applicable (\$50 New Student, \$25 Continuing Students)			
Total Due at Registration			

- The Studio is not responsible for any physical injuries, incurred by any student before, during or after classes. I hereby authorize the Studio to authorize and consent to the administration of any emergency medical treatment on behalf of the minor student named above which the Studio in good faith believes is necessary after consulting with a licensed physician or paramedic. This authorization is provided in advance of any specific diagnosis or treatment being required.
- The Studio will attempt to contact the undersigned prior to consenting to emergency medical care for the student, but emergency medical care will not be withheld if the undersigned cannot be reached.
- The student is in a condition of health and soundness of body to undertake all aspects of the Studio's programs. Any and all risks assumed by the student while at the Studio or under the care of the instructor are hereby assumed and undertaken by the undersigned and the student.
- The Studio and its instructor shall not be liable for any claims, demands, injuries, or causes of action whatsoever to person or property connected with the use of any of the services or facilities of the Studio.
- I have carefully read this agreement and release, and fully understand its contents. I acknowledge and understand that, by this agreement, I agree to assume all risks of participating in the Studio's programs and in the event of any illness or injury to the student, I will have no recourse against the Studio or its instructors.

