



Robin's Dance Studio Summer Registration Form

**Classes meet every Tuesday & Wednesday from June 6-July 19
6 week session(no classes July 4/5)**

TUITION: One class - \$168; Two classes - \$312; Three classes - \$432; Four classes - \$528; Five classes - \$600; Six classes - \$648. Tuition will be prorated for missed classes, provided that RDS is informed **prior to the beginning of the session.**

DRESS CODE: No bulky or dangling jewelry allowed. Girls' long hair **MUST** be secured in a bun or ponytail with elastics bands or clips, with **NO** hair hanging in the face.

Ballet – black leotard/pink tights/pink ballet shoes (ballet skirt is acceptable/no tutus)

Tap – black leotard/pink tights/black tap shoes (replace ribbon ties with elastic)/black jazz pants or shorts acceptable. Black leather 'jazz tap' shoes are required for dancers over the age of 7.

Jazz – Black leotard/black or pink tights/black jazz pants or shorts/tan slip-on jazz shoes

Males - Dance belt (ages 10-up), black dance pants, black shirt, black shoes

Hip-Hop – any loose-fitting clothing, CLEAN sneakers.

Students who do not comply with the dress code will be asked to sit out of class with no refund of tuition.

I fully understand that there is risk of injury in any physical activity and hereby hold harmless Melanie Pedé, Robin's Dance Studio and its' employees from any responsibility and liability in connection with travel to and from and participation in any classes, performances, conventions and competitions in 2017. RDS reserves the right to refuse services to anyone. If a parent cannot be reached in case of emergency, I hereby give my permission for Robin's Dance Studio to have emergency treatment administered to:

STUDENT'S NAME(s) (please PRINT CLEARLY)

#1 _____

#2 _____

**Signature of Parent or
Guardian:** _____

Date: _____

2017 Summer Registration Form

Today's Date: _____

Billing Name: _____

Billing Address:

Street: _____ City: _____ ZIP: _____

Student's Home Phone: _____ Parent's Work Phone: _____

Email address: _____

(RDS communication is disseminated via email, so please provide an address that is checked often!)

Parent #1: _____ Cell: _____

Parent #2: _____ Cell: _____

Emergency Contacts (other than parents)

Name: _____ Phone: _____

Name: _____ Phone: _____

STUDENT NAME: _____ Female _____ Male _____

Birthdate ____/____/____ School: _____ Grade: _____

Student's Medical Information

Physician Name: _____ Phone: _____

Any special conditions, medications, or instructions we should be aware of?

CLASSES: Subject #1 _____ Time: _____

Subject #2 _____ Time: _____

Subject #3 _____ Time: _____

Subject #4 _____ Time: _____

Subject #5 _____ Time: _____

Total Due _____ Method of Payment: _____