



# Robin's Dance Studio Summer Registration Form

**Classes meet every Tuesday & Wednesday from June 5-July 18  
6 week session(no classes July 3/4)**

**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 2018. 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:** \_\_\_\_\_

# 2018 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: \_\_\_\_\_