**RUSSELL’S DANCE STUDIO REGISTRATION FORM SUMMER 2024 CLASSES**

PO BOX 257 Wagontown, PA 19376\* 610-857-9435

Students Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mothers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fathers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Classes Registering:**

Class Day Time

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TOTAL AMOUNT DUE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PAYMENT CASH OR CHECK # \_\_\_\_\_\_\_\_\_\_\_\_

For questions on registration fees and tuition please call us at: 610-857-9435, email us at: [russellsbaton@verizon.net](mailto:russellsbaton@verizon.net), or check our website out at: [www.russellsdance-baton.com](http://www.russellsdance-baton.com)

I hereby represent myself/My Child to be in good physical health and recognize the possible dangers connected with any physical activity. I am fully responsible for any sickness, illness, loss, or injury that may result regardless of presumed fault. Members/Visitors knowingly and voluntarily waive any right or cause of action of any kind, both now and in the future for whatsoever may arise as the result of any occurrence from which any liability may or could accrue the Russell’s Dance & Baton Studio, it's owners, directors, members, students, teachers, or instructors, etc. The students and their parents hereby assume all risk and responsibility if any injury, illness or loss sustained out of participation in any class, activity, team, performance, parade, show, etc. held by or in conjunction with the Russell’s Dance & Baton Studio should occur.

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Parents or Guardians Name Date Parent or Guardians Signature

Students and Parents understand the policies of the Russell’s Dance and Baton Studio and will abide by them: failure to do so may result in suspension or expulsion from classes or activities with the academy. I understand that I must notify the Studios director via email or phone prior to the start of any activity or session, if I do not wish my child to participate or continue in any classes, activity, team, etc. I understand pictures and videos may be taken and used on the studio Facebook and website for promotional purposes.

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Parents or Guardians Signature Date

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending The Russell’s Dance and baton Studio and that such exposure or infection may result in personal injury, illness, permanent disability, and death. By signing this agreement, I agree that my child and any accompanying persons will not enter The Russell’s studio or a practice of any nature if we exhibit any of the following new or worsening signs or symptoms of possible COVID-19: A temperature greater than 100.4 degrees Fahrenheit, cough, shortness of breath or difficulty breathing, other respiratory symptoms, or at least two of the following symptoms: chills, repeated shaking with chills, muscle pain, sore throat, fatigue, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or new loss of taste or smell. I also agree that, neither my child(ren) nor any accompanying adult will enter if we have had known close contact with a person who is lab-confirmed to have COVID-19. The Russell’s will maintain a strict cleaning and safety protocol. By signing this, athletes and their family members agree to follow guidelines while on premises.

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Parents or Guardians Signature Date