



REGISTRATION FORM Dance/Theatre
(Please circle one)

22601 La Palma Ave., Suite 105
Yorba Linda, CA 92887
Phone: 714-779-3545
Fax: 714-779-3573

Student's Name _____ *Date of Birth:* _____

2nd Student's Name _____ *Date of Birth:* _____

Parent(s) Name _____

School and Grade: _____

Address _____

City/State/Zip: _____

Phone: (home) _____ *(cell)* _____

(work) _____ *E-MAIL* _____

Emergency Contact:
(Other than parents) Name: _____

Phone: _____

I hereby give consent for my child to participate in classes at McCoy Rigby Conservatory of the Arts. I am fully aware that dance presents a risk of injury during training and that there may be a risk of injury as a result of my child's participation in dance class. In consideration of your accepting my registration, I hereby, for myself, my child(ren), my heirs, executors and administrators, waive and release any and all rights or claims for any damages I or my child(ren) may have against McCoy Rigby Conservatory of the Arts for any and all injuries sustained or suffered by myself or my child(ren) at any given activity sponsored by McCoy Rigby Conservatory of the Arts. I do hereby verify that I fully understand and accept the preceding conditions for permitting my child to participate in any dance events or classes. I have read the studio's policies regarding tuition, late fees, private lessons and dress code.

_____ *I hereby give my consent to have photos and/or videos of my*
(Initials) child(ren) used for promotional purposes for McCoy Rigby
Conservatory of the Arts. (I.e. website and flyers)

Signature (Parent/Guardian)

Date

Office Use only:

Student #1 _____

1. *Class Name* _____ 2. *Class Name* _____

Teacher _____ *Teacher* _____

Student #2 _____

2. *Class Name* _____ 2. *Class Name* _____

Teacher _____ *Teacher* _____

Credit: < _____ >

Registration Fee: _____

Tuition Amount: _____

Total Amount: _____

Student start date: _____

Payment:

Cash/Check _____ *Check #* _____

Notes: