



KRD Youth Ensemble Program
Registration Form

Student Name: Parent/Guardian
Mailing Address-Street: Apt.#
City: State: Zip:
Phone Numbers-Home: Work: Cell:
Email: Birthdate: Current Age
Grade in School: Name of School:
Emergency Contact: Phone Number: Relationship to Student:

My student (please circle one) DOES or DOES NOT have health issues or injuries, of which The KRD School Faculty should be made aware that may affect her/his ability to participate in classes. If so, please list:

Previous classes and dance schools attended:
How did you hear about The KRD School?

Classes Registering for:

- 1. 2.
3. 4.
5. 6.

Tuition Amount \$
Registration Fee \$10
Less % Early Bird Discount -\$
(if registering and paying in full)

I hereby permit KRD, Inc. to use, for purposes of communication and literature about the studio, pictures/videos taken in class or at performances, in which my student may appear.

I hereby authorize Kim Robards Dance, Inc. (also referred to as KRD, Inc., KRD, and/or The KRD School) and all of its company members, staff, faculty members, employees, agents and representatives, to instruct my student in the art of dance and related activities. I recognize the physical nature of this activity and the inherent dangers associated with such activities, including but not limited to falling, twisting, breaking, and/or injuring limbs, hips, knees, elbows, neck, head, paralysis and related injuries. I understand that while KRD will take responsible care to instruct, there are numerous injuries which may occur in the course of that instruction. I hereby release and absolve KRD, its company members, staff, faculty members, employees, agents and representatives from all claims and causes of action arising out of their care and instruction.

I have read and understand all of the above information and am willing to comply with the policies set forth by KRD, its directors and employees.

Print Student's Full Name:
Signature: Date:

Print Parent/Guardian's Name:
Signature: Date: