



The Academy of KRD
Moving Possibilities to Performance

Registration Form
Page 1 of 2

Date Completing Form: _____

Youth – Under 18 years of age: OR Adult – 18 years of age or older:

Student Name: _____ Parent Name: _____

Student is: Male or Female Primary Language: _____ English spoken? _____

Mailing Address-Street: _____ Apt.# _____

City: _____ State: _____ Zip: _____ County: _____

Phone Numbers-Home: _____ Work: _____ Cell: _____

Email: _____ Birth Date: _____ Current Age _____

Grade in School: _____ Name of School: _____

Parent/Guardian: _____ Phone Number: _____ Relationship to Student: _____

Parent/Guardian: _____ Phone Number: _____ Relationship to Student: _____

Emergency Contact: _____ Phone Number: _____ Relationship to Student: _____

How did you hear about The Academy of KRD? _____

Would you be interested in being contacted for:

Volunteer opportunities? _____ Board of Directors opportunities? _____

Classes Registering for:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

_____ 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 I or my student may appear.

_____ I hereby authorize Kim Robards Dance, Inc. (also referred to as KRD Inc., KRD, and/or The Academy of KRD) and all of its company members, faculty members, staff, 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 any such physical 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, it's 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, employees, and/or contract laborers.

Print Student's Full Name: _____

Print Parent/Guardian's Name: _____

Signature of Parent/Guardian or Adult Student: _____ Date: _____



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Student Name: _____ **Parent Name:** _____
Date: _____

Registration fee: \$25.00 **Scholarship applicant:**

Payment Plan: Monthly Semester Annual Paid in full Adult Class Card

Sept. \$ _____ Date: _____ Oct. \$ _____ Date: _____ Nov. \$ _____ Date: _____
 Dec. \$ _____ Date: _____ Jan. \$ _____ Date: _____ Feb. \$ _____ Date: _____
 Mar. \$ _____ Date: _____ Apr. \$ _____ Date: _____ May. \$ _____ Date: _____

KRD is a not for profit, 501(c)(3), tax-exempt status organization supported in large part by individual and corporate contributions and grants. Would you be interested in rounding up on your child's tuition or your class card purchase with a tax-deductible contribution to help support educational and community programming of KRD and The Academy of KRD ?

Yes No

Registration Fee \$ _____

Tuition Amount \$ _____

Donation Amount \$ _____ *This contribution is tax-deductible.*

Sub Total \$ _____

Less _____ % Early Bird Discount - \$ _____ (if registering and paying in full)

Total Balance Due \$

KRD Office Use Only:

Date of Initial Form Completion: _____ Staff Initials: _____

Paid Registration Fee: Yes No

Paid Tuition: Yes No

Payment Method: _____ Payment Date: _____ Payment Amount: _____ Staff: _____

Added to the mail list on: _____ (date) Staff: _____

____ Work Study *

* Work Study requires application and additional completed paperwork.