



**The Academy of KRD  
Moving Possibilities to Performance**

2015-16 Registration Form for \_\_\_\_\_ Program

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Date Completing Form: \_\_\_\_\_

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 KRD School? \_\_\_\_\_

Would you be interested in being contacted for volunteer 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 KRD School) 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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**Registration fee:**       \$15.00

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

KRD is a not for profit, 501(c)(3), tax-exempt status organization supported by tuition, individual and corporate contributions and grants. We are amidst our Capital Campaign to move to our new location. 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 KRD and The Academy of KR D in Raising the Barre for your child, you and your community?

Yes                       No

Registration Fee              \$     15.00    

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.