RESHA'S SCHOOL OF DANCE & ARTS
1002 A MEB CT. MT JULIET, TN. 37122
PHONE: 615-758-0933

SUMMER REGISTRATION: Registration fee of $20.00 for one, and $15.00 for each additional family member. Fee is due with application and is non-refundable. If you sign up for summer and fall classes however the fall class registration fee will be waived for the student or students taking both.

STUDENT NAME: _____ PHONE NO. _____
AGE:(as of July lst.) _____ Birthday: _____ School & County _____ Grade in fall ____
PARENTS'NAME: _____ BUSINESS NO. _____
MOBILE NO. _____
ADDRESS: _____ CITY & ZIP _____
E-MAIL: _____
EMERGENCY CONTACT NO. AND NAME (other than you)

CLASSES OFFERED: Please mark classes you wish to attend:
*Description of classes on attached page.

BALLET: _____
PRE POINTE _____
POINTE: _____
JAZZ _____
HIP-HOP _____
HIP-HOP/JAZZ _____

CHEERLEADING/TUMBLING _____
TECHNIQUE: _____
COMPETITION TEAM: _____
ACROBATICS: _____
TAP: _____

CLASS WILL BE SCHEDULED ACCORDING TO INFORMATION GIVEN BELOW:
WE WILL BE OFFERING MORNING, AFTERNOON AND EVENING CLASSES DEPENDING UPON THE INTEREST AND NEEDS OF PARENTS/STUDENTS. THIS OF COURSE DEPENDS ON THE NUMBER OF STUDENTS INTERESTED IN THE SAME CLASS. SUMMER CLASSES WILL BEGIN JULY 1ST AND END AUGUST 8TH.

DAYS AND TIMES PREFERRED:
1ST CHOICE _____ Earliest time you can attend. _____
2nd CHOICE _____ Earliest time you can attend. _____
3rd CHOICE _____ Earliest time you can attend _____

Please list previous dance experience, years of study and which studio you attended. _____

RELEASE OF LIABILITY AND HOLD CLAUSE:
I, _____, parent or guardian of _____, acknowledges the fact that inherent to participating in an in any physical activity requires physical excertion, and there are risks of being injured. This is true with taking dance classes, martial/arts or fitness classes. This is to verify that I understand these risks, and do accept them as fact. I hereby hold harmless and release from any and all liability Resha's School of Dance and Arts from any offend: all responsibility in the event of injury occurring as a result of myself or my child's participation in any of the programs sponsored by the Resha's School of Dance and Arts. This waiver applies also to any incident occurring in or around the dance facility as well as any parking facility connected with the Resha's School of Dance and Arts. I also understand Resha's School of Dance and Arts, it's, insurers, owners or representatives, are not responsible for any loss of personal property, due to theft, fire, vandalism, or any peril, insured or uninsured, whether in or around the dance facility, parking facility or any related location to Resha's School of Dance and Arts. I also verify that I have read and understand all rules and policies regarding students behavior, payments, and procedures associated with registration and the discontinuation of classes at Resha's School of Dance and Arts. I herefore agree these policies as set forth at the time of registration.
I hereby understand and except the terms, and sign my name hereunder verifying my agreement.
Signed: _____ Date: _____

HOW DID YOU HEAR ABOUT US? Newspaper___ Drive by___ Friend/Name___ _____Internet___ or Phone Book____