

# THE ROCK SCHOOL WEST

## REGISTRATION FORM 2007-2008 YEAR SESSION

LEVEL/Program

### STUDENT INFORMATION

Student's last name		Student's first name	
Home Address		Home Phone	
City	State	Zip/Postal Code	Gender
Age	Birthdate		Academic Grade for 2007/2008 School Year
Academic School Name		Academic School Telephone Number	

### PARENT/GUARDIAN INFORMATION

Mother's Full Name	Cell Phone	Work Phone
Father's Full Name	Cell Phone	Work Phone

### EMERGENCY CONTACT INFORMATION

Emergency Contact (Adult other than parent)	Home Phone	Cell Phone
Emergency Contact Address	Work Phone	
City	State	Zip/Postal Code

### COMPLETE BILLING ADDRESS & PHONE - IF DIFFERENT FROM STUDENT'S

Person Responsible For Payment	Billing Phone (Day)		
Billing Address	Billing Phone (Evening)		
City	State	Zip/Postal Code	Country

### SIGNATURE REQUIRED

As Parent/Legal Guardian of the student listed above, I am aware of and agree to abide by the policies of the Rock School West. I am aware of tuition and fee due dates as outlined in the 2007/2008 calendar.

\_\_\_\_\_  
Parent's or Guardian's Signature (if student is under 18)

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

GB \_\_\_\_\_ REG \_\_\_\_\_ RS \_\_\_\_\_ ML \_\_\_\_\_ REF \_\_\_\_\_ Changes \_\_\_\_\_

**SIGNATURE REQUIRED**

**RELEASE OF CLAIMS AND MEDICAL TREATMENT AUTHORIZATION**

To be completed by student and/or parent(s)/guardian(s)

In consideration of the participation of the student named above in The Rock School, I personally, as the participating student, or the parent or guardian of such student, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages which may hereafter accrue to me against The Rock School, their officers, representatives, successors, and/or assigns for any and all damages which may be sustained and/or suffered by my association with the above program, or any activities related thereto, including, without limitation, my traveling to or participation in and returning from any activity associated with the program.

I hereby extend permission to the authorities of The Rock School to act on my behalf in case of an emergency, and also extend permission to the medical professional selected by The Rock School to provide all necessary emergency medical attention, including anesthesia and surgery.

\_\_\_\_\_  
Parent or guardian signature, if applicant is under 18 years old

\_\_\_\_\_  
Date

**Please note:**

\* Tuition is non-refundable and not transferable to another person or family member.

\* Students must follow the leveling given to them for each discipline. Students are encouraged to register for classes in and below their recommended level but **MUST NOT** register for classes above their level. Registrations will not be processed for students attempting to register in incorrect levels.

\* There is a Rock School West dress code. Please review for appropriate class dress. Faculty reserves the right to dismiss student from class for inappropriate dance wear.

\* The Rock School West class schedule may change at any time due to enrollment.

**CONSENT OF RELEASE FOR PHOTOGRAPHS AND INTERVIEWS**

Unless otherwise noted, as the parent or legal guardian of the student named in this registration form, my signature on the cover page of this registration grants permission for my child or ward to be photographed, videotaped, and/or interviewed during the course of the 2007-2008 by The Rock School or any of its authorized agents, and consent to the publication, broadcast, or other use of the student's images and/or words for the purposes of promoting The Rock School. In addition, I, intending to be legally bound for myself, my heirs, executors, and administrators, release The Rock School, or any parties acting on their behalf and with their approval, from liability for such uses of my child's or ward's images and/or words.

**HOW DID YOU HEAR ABOUT US?**

- I am a returning student
- I was referred by a current student (see below)
- Through an advertisement or article in: \_\_\_\_\_ (name of publication)
- On the internet at: \_\_\_\_\_ (name of web site)
- Other, Please Explain: \_\_\_\_\_

**Referral Program**

A current student who refers a new student to The Rock School West will receive a \$5 merchandise gift certificate. The new student will also receive a \$5 certificate. The section below must be completed for either party to receive the certificate.

Gift certificates will be sent, by mail, to both parties after the registration has been processed. Referrals are valid for the duration of the school year. There is no limit to the number of referrals and/or certificates one family or dancer may earn.

I was referred by: \_\_\_\_\_

I referred: \_\_\_\_\_

## TUITION PAYMENT FOR:

STUDENT NAME: \_\_\_\_\_

### PLEASE SELECT YOUR PROGRAM

- \$225 Theatre Camp: Ages 7 - 10. July 14 - July 18th.
- \$80 Early Dance Classes: 3 - 4 years old from 10 a.m. - 11 a.m. July 21 - July 25th.
- \$80 Early Dance Classes: 5 - 6 years old from 11 a.m. - 12 p.m. July 21 - July 25th.
- \$20 Maintenance Classes: Single Class
- \$68 Maintenance Classes: 4 Class Card for Ballet and/or Jazz (15% off. MUST REGISTER BY AUGUST 1st))
- \$80 Maintenance Classes: 4 Class Card for Ballet and/or Jazz (Regular Price. AFTER AUGUST 1st)
- \$136 Maintenance Classes: 8 Class Card for Ballet and/or Jazz (15% off. MUST REGISTER BY AUGUST 1st))
- \$160 Maintenance Classes: 8 Class Card for Ballet and/or Jazz (Regular Price. AFTER AUGUST 1st)

### DISTRIBUTION OF PAYMENT: Please fill in appropriate amount(s).

Tuition (from above) \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

### PAYMENT OPTIONS:

- \$ \_\_\_\_\_ check or money order payable to "Rock West"
- Please charge \$ \_\_\_\_\_ to:
  - American Express
  - Discover
  - MasterCard
  - Visa

Account # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of cardholder as it appears on card \_\_\_\_\_

SIGNATURE of cardholder \_\_\_\_\_

Tuition payments are non-refundable or transferable, no exceptions.  
Registrations cannot be taken over the phone. Please mail or fax your form.

The Rock School West  
1510 Paoli Pike, West Chester, PA 19380  
610-431-4321 (Phone) 610-431-3478 (Fax)

[www.therockschoolwest.org](http://www.therockschoolwest.org)