**Rhythm Dance & Soul (RDS Studio)**

**Registration form**

Participant name

Date of birth(Year/Day/Mo)

Parent(s) Name

Address

City:

Phone Cell Phone

E-mail

Emergency name and phone

Medical

Considerations:

Parent/Guardian or family member that will be dropping off or picking up child from gym.

 **Waiver form**

In consideration of your acceptance of my child’s registration, I state that I will not hold responsible RDS Studio or any Executive or Instructors, for any personal injuries or property loss or damage suffered by my child while involved with RDS studio activities.

Parent/Guardian Signature:

Witness:

Date