Coupé Theatre Studio

430 Market Street, Nanuet, NY 10954 • Telephone: 845-623-2808 • www.Coupedance.com

RWID at Coupé Theatre Studio Student Registration Form

For more information email jmcd.dance@gmail.com

Student # _____

Family # _____

PLEASE PRINT CLEARLY

Student's Name * _____ Female ____ Male ____

Student's Birthdate *_____Guardian's Name & Relation to Student *_____

Phone Number *_____ Email Address * _____

Would you like to share any diagnosis with us to better understand your child's needs? * _____

_____

_____

Please let us know how you would like your child to benefit from dance class. * _____

_____

_____

Please let us know anything that will help our staff provide the best possible learning experience for your student (sensitivities, developmental goals, behaviors, what helps self-regulation) *_____

_____

_____

For the safety of your dancer, does your he/she have any medical restrictions that we should be aware of? *_____

_____

_____

We take the privacy of you and your family seriously. Your agreement to allow us to share information,testimonials, videos, images, etc. will help us to reach other students who can benefit from the program. Please indicate your wishes for the scenarios below.

Share video/imagery of my child in public forums like the RWID website, Coupe website, Facebook, Twitter, or Instagram. *

❑ I agree ❑ I do not agree

Share verbal (written or recorded) testimonial of my or my child's experience with Rhythm Works Integrative Dance. *

❑ I agree ❑ I do not agree

Waiver of Liability: I agree that I will not hold Coupe Theatre Studio, nor any employee, liable for injuries sustained or illnesses contracted while a student at the studio. I also authorize Coupe Theatre Studio personnel to take emergency measures that are appropriate. I have read and understand this registration form and waiver of liability and hereby agree to comply with them.

_____ _____

AGREED TO AND ACCEPTED: *Please sign and date*

AMOUNT ENCLOSED $ _____ Check# _____ Cash _____ Taken by _____

☐ Booking control ☐ Waiver signed

_____ _____

Parent's signature *Date*