

**\*RHYTHM MOVEMENT\***

**Summer Dance Registration Form**

July 10th – August 1st

**Please print all information legibly:**

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Parent(s) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In case you cannot be reached:*

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Below All that Apply:

**\_\_\_\_\_\_\_\_ It’s Just the Beginning (Combo Class) DEC 16-18**

**\_\_\_\_\_\_\_\_ New Attitude (Beg/Int Levels) DEC 16-18**

**\_\_\_\_\_\_\_\_ Let’s Work (Int/Adv Class) DEC 16-18**

**\_\_\_\_\_\_\_\_ SWEAT (ADULTS ONLY) DEC 16-18**

 **\_\_\_\_\_ Advanced Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced**

***Liability Release****: In case of Emergency, I understand that every form of contact provided will be made. I hereby release the Rhythm Movement Project, Tasha Taps, and Natasha Graham from all liability pertaining to myself or my child’s participation in the program. I, the undersigned, do hereby consent and agree that the Rhythm Movement Project/ Tasha Taps has the right to take photographs and videotape myself or my child and use all media exclusively for the purpose of promotion only. If Not for media release, Check \_\_No*

Parent Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return all forms and monies to Natasha Lyle via email at tashataps@gmail.com

**All payments must be made via Pay Pal, Cash App (tashataps), Cash, or Money Order payable to: Natasha Lyle**