

# THE ROCK SCHOOL WEST

## REGISTRATION FORM 2008-2009 SUMMER SESSION

LEVEL/Program
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### 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 2009/2010 School Year
**Email Address		**Please provide email address ONLY if you would like to receive notifications and updates regarding Rock West Programs	

### 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 if possible)	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 (if other than parents listed above)	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 2008/2009 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 2008-2009 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: THE SUMMER SESSION IS AN EXTENSION OF 08/09 SCHOOL YEAR.

\$225 Theatre Camp: Ages 7 - 10. July 27th - July 31st. (Rock West Students must have participated at Level 1 this year)

\$80 Creative Movement Classes: (3 - 4 years old) 10 a.m. - 11 a.m.

please select session: \_\_\_June 22nd - June 26th and/or \_\_\_July 20th - July 24th.

\$80 Pre-Ballet with Tap Classes: (5 - 6 years old) 11 a.m. - 12 p.m

please select session: \_\_\_June 22nd - June 26th and/or \_\_\_July 20th - July 24th.

\$20 Maintenance Classes: Per Class/Single Class Purchase (LEVEL 3-5)

\$18/per class Maintenance Classes: MULTIPLE CLASS PURCHASE. \*\*TO RECEIVE DISCOUNTED CLASS RATE: You must purchase/register by JUNE 1st for JUNE MAINTENANCE WEEKS and by AUGUST 1st for AUG/SEPT. MAINTENANCE WEEKS.

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: Phone Number: \_\_\_\_\_

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. Programs required to meet enrollment minimums. 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)