



ROD RODGERS DANCE COMPANY

YOUTH PROGRAM FALL- WINTER 2024-2025

REGISTRATION FORM

Please complete and submit at Front Desk or via email to rododgers.dance@verizon.net

Student Name (First/ Last) _____ / _____

Date of Birth _____ Age _____ Cell # _____ (Optional)

School Attending (Fall - 9/24) _____ Grade _____

Home Address _____

Mother/ Guardian Name _____ Cell # _____

Email Address _____

Father/ Guardian Name _____ Cell # _____

Email Address _____

LIABILITY RELEASE In consideration of the acceptance of this application, I the undersigned intending to be legally bound, hereby for myself, my heirs, executors and administrator's, waive and release any and all rights and claims I may have against The Rod Rodgers Dance Company and Studios and its employees, successors and assigns for damages, injuries and/or claims which I might otherwise have arising out of said event. I attest and verify that my child is physically fit for the art form of dance. A licensed medical doctor has verified my child's physical condition. If signed by parent, the parent agrees to release and hold the above named organization and persons harmless of any claims and/or rights, which may be asserted by or on behalf of the applicant. I agree to permit any photos/videos/Zoom recordings taken of my child to be used for advertising and promotional purposes.

Parent/ Guardian's Signature _____ initial _____ Date _____

My child will enroll into:

Creative Movement /Pre-Ballet
 Ballet I- II
 Ballet II- III
 Modern I- II
 Modern II- III
 Hip Hop I- II
 Hip Hop II- III

My PROGRAM FEE Payment Option for this Fall- Winter 2024-2025 Session

I will make Weekly Payments on my remaining balance
 I will make Monthly Payments on my remaining balance
 I will make Bi- Weekly Payments on my remaining balance

To request other payment arrangement, please provide details below and contact the office for review and approval.

Note: Registration fee of \$15 for returning students or \$20 for new students is required (There are NO REFUNDS. In case of long-term health problems or serious emergency a credit will be considered.)

PARENT/GUARDIAN'S SIGNATURE _____ initial _____ DATE: _____



RRDC YOUTH PROGRAM CLASS CALENDAR

FALL-WINTER 2024-2025
15 Week Schedule September 14th to January 11th

WEEK	MONTH	SATURDAY
1	SEPTEMBER	9/14
2		21
3		28
4	OCTOBER	10/5
5		12
6		19
7		26
8	NOVEMBER	11/2
9		9
10		16
11		23
NO CLASS	THANKSGIVING - 1 WEEK BREAK	11/30
12	DECEMBER	12/7
13		14
14		21
NO CLASS	CHRISTMAS - 2 WEEK WINTER BREAK	12/28 & 1/4/2025
15	JANUARY *LAST CLASS	1/11

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