



**Ridgefield Studio of Performing Arts
Summer 2009 Registration Form**

www.rspaonline.com
p: 431.8728 / f: 894.1693

Date: _____

Student's Name: _____ D.O.B. & Grade: _____

Address: _____

Parent's Names: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Please check one: New Student Returning Student

CAMP #1 _____ WEEK _____ TOTAL _____

CAMP #2 _____ WEEK _____ TOTAL _____

CAMP #3 _____ WEEK _____ TOTAL _____

CAMP #4 _____ WEEK _____ TOTAL _____

CAMP #5 _____ WEEK _____ TOTAL _____

GRAND TOTAL _____

PAYMENT: Mastercard Visa Amex Discover Check

CC#: _____ Exp. Date: _____ CVS Code: _____

(1) I understand that I am responsible for the entire tuition of classes for which I have registered and that tuition payments will be applied to the term in which they are paid. There are no refunds for missed classes or voluntary withdrawal from RSPA during the term. Refunds will only be given in the event of prolonged illness or injury, verified by a doctor's excuse.

(2) I hereby grant to RSPA permission to take photos, videos, and/or films of me, my son and/or daughter and consent to the use of such material for promotional purposes by RSPA.

(3) RELEASE: I recognize the inherent risks of accident and injury associated with any RSPA program and assume the risks of my or my child's participating in the RSPA classes. I hereby irrevocably release RSPA and its employees, agents, officers, directors, and/or successors from any and all liability of any type or nature arising out of my child's participation in its classes or similar activities.

Signature _____ Date _____