

Please complete these forms and return them to RDC by the earlier of our Open House or the first day of class.

**Check our website for most current information about our
Open House and season start date**

www.RiverDanceCompany.org

Contact us with questions: 260.632.5768

FOR MULTIPLE-STUDENT FAMILIES, provide information for additional students on back.

Registration Form

The River Dance Company, 21412 Ehle Road, Woodburn, IN 46797 , 260-632-5768

PLEASE COMPLETE **ALL** SECTIONS, EVEN IF YOU ARE A RETURNING STUDENT

CONTACT INFORMATION:

CONFIDENTIAL: PLEASE ANSWER THE FOLLOWING IF STUDENT IS UNDER AGE 18: Parents are: Married Separated Divorced

Father/Guardian _____
 I am the financially-responsible adult

Adult Female Student/
Mother/Guardian _____
 I am the financially-responsible adult

Address _____

Address _____

_____ Zip _____
City & State

_____ Zip _____
City & State

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Place of Employment _____

Place of Employment _____

Church Attending _____

Church Attending _____

Family Email Address You Check Regularly: _____
(RDC announcements will be sent to the address given)

How often do you check your e-mail? daily weekly rarely please call

Who is authorized to pick up your child from class? _____

Signature of person enrolling student: _____

STUDENT INFORMATION: New Student Returning Student Sibling of Returning Student

Student's Name _____ Date of Birth _____
Last First

Age _____ School Grade _____ Student Lives with Mother Father Both parents

Is there anything special we need to know to better interact or teach your child? (Medical condition, learning or behavioral challenges)

FOR NEW STUDENTS ONLY:

Classes are divided by age and skill levels. Students will be assigned to classes at teacher's discretion based on performance evaluation. To help us determine your child's tentative placement, please let us know if:

Student has had previous experience: Yes No How many years? _____

Place of instruction: _____

Type of dance experience: _____

How did you hear about us? _____

New Student Returning Student Sibling of Returning Student

Student's Name _____ Date of Birth _____

Last

First

Age _____ School Grade _____ Student Lives with Mother Father Both parents

Is there anything special we need to know to better interact or teach your child? (Medical condition, learning or behavioral challenges)

FOR NEW STUDENTS ONLY:

Student has had previous experience: Yes No How many years? _____

Place of instruction: _____

Type of dance experience: _____

New Student Returning Student Sibling of Returning Student

Student's Name _____ Date of Birth _____

Last

First

Age _____ School Grade _____ Student Lives with Mother Father Both parents

Is there anything special we need to know to better interact or teach your child? (Medical condition, learning or behavioral challenges)

FOR NEW STUDENTS ONLY:

Student has had previous experience: Yes No How many years? _____

Place of instruction: _____

Type of dance experience: _____

New Student Returning Student Sibling of Returning Student

Student's Name _____ Date of Birth _____

Last

First

Age _____ School Grade _____ Student Lives with Mother Father Both parents

Is there anything special we need to know to better interact or teach your child? (Medical condition, learning or behavioral challenges)

FOR NEW STUDENTS ONLY:

Student has had previous experience: Yes No How many years? _____

Place of instruction: _____

Type of dance experience: _____

The River Dance Company

Consent for Medical Treatment

I understand that participation in The River Dance Company (RDC) activities may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in activities. In the event of an injury or illness which occurs during the course of activities under the care of RDC, and in the event that I, the parent or guardian of the below-named child, am not present to make medical decisions, I (we) do hereby authorize RDC, its staff, volunteers, including volunteer parent participants, supervisors, and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment including, but not limited to, any ex-ray examination, anesthetic, medical/surgical diagnosis or treatment, or hospital services that may be rendered under the general or specific instructions of any physician or surgeon licensed to practice medicine. I further release any and all employees and volunteers of Central Church and The River Dance Company from any and all claims of liability as it pertains to medical care given to the student(s) named below.

_____	_____	Please specify phone type:	
(signature of parent/legal guardian or student of legal age)	(Emergency phone number)	<input type="checkbox"/> home	<input type="checkbox"/> work <input type="checkbox"/> cell <input type="checkbox"/> other
_____	_____	Please specify phone type:	
(signature of second parent/legal guardian)	(Emergency phone number)	<input type="checkbox"/> home	<input type="checkbox"/> work <input type="checkbox"/> cell <input type="checkbox"/> other

(complete address)			

In the event of an emergency when either parent cannot be contacted, please contact the following:

Name _____	Relationship: _____
Phone _____	Date Signed: _____

MEDICAL INFORMATION:

Family Doctor: _____ (name) _____ (phone)

Medical Insurance Company: _____ (company name) _____ Identification #

Hospital Preference: _____ Secondary Care Facility: _____

MEDICAL HISTORY: Complete for each student enrolled:

Name - Student #1: _____

Date of last Tetanus: _____ Is student diabetic? _____ Type: I II

Allergies, including Medication: _____

Medication currently taking: _____

Other chronic or existing diseases/medical conditions/physical problems (i.e. epilepsy, asthma, heart condition)

Medication authorized to give to my child without prior consent: (check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Children's Tylenol or Generic | <input type="checkbox"/> Children's Advil or Generic | <input type="checkbox"/> Tums or Generic | <input type="checkbox"/> Pepto-Bismol or Generic |
| <input type="checkbox"/> Adult Tylenol or Generic | <input type="checkbox"/> Adult Advil or Generic | <input type="checkbox"/> Other _____ | |

Name - Student #2: _____

Date of last Tetanus: _____ Is student diabetic? _____ Type: I II

Allergies, including Medication: _____

Medication currently taking: _____

Other chronic or existing diseases/medical conditions/physical problems (*i.e. epilepsy, asthma, heart condition*)

Medication authorized to give to my child without prior consent: (check all that apply)

- Children's Tylenol or Generic Children's Advil or Generic Tums or Generic Pepto-Bismol or Generic
 Adult Tylenol or Generic Adult Advil or Generic Other _____

Name - Student #3: _____

Date of last Tetanus: _____ Is student diabetic? _____ Type: I II

Allergies, including Medication: _____

Medication currently taking: _____

Other chronic or existing diseases/medical conditions/physical problems (*i.e. epilepsy, asthma, heart condition*)

Medication authorized to give to my child without prior consent: (check all that apply)

- Children's Tylenol or Generic Children's Advil or Generic Tums or Generic Pepto-Bismol or Generic
 Adult Tylenol or Generic Adult Advil or Generic Other _____

Name - Student #4: _____

Date of last Tetanus: _____ Is student diabetic? _____ Type: I II

Allergies, including Medication: _____

Medication currently taking: _____

Other chronic or existing diseases/medical conditions/physical problems (*i.e. epilepsy, asthma, heart condition*)

Medication authorized to give to my child without prior consent: (check all that apply)

- Children's Tylenol or Generic Children's Advil or Generic Tums or Generic Pepto-Bismol or Generic
 Adult Tylenol or Generic Adult Advil or Generic Other _____

Name - Student #5: _____

Date of last Tetanus: _____ Is student diabetic? _____ Type: I II

Allergies, including Medication: _____

Medication currently taking: _____

Other chronic or existing diseases/medical conditions/physical problems (*i.e. epilepsy, asthma, heart condition*)

Medication authorized to give to my child without prior consent: (check all that apply)

- Children's Tylenol or Generic Children's Advil or Generic Tums or Generic Pepto-Bismol or Generic
 Adult Tylenol or Generic Adult Advil or Generic Other _____

The River Dance Company – Release of Liability

The River Dance Company, 21412 Ehle Road, Woodburn, IN 46797 , 260-632-5768

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT WITH ALL STATEMENTS MADE.
PARTICIPATION IN OUR PROGRAM IS NOT PERMITTED WITHOUT A SIGNED AND DATED FORM.

AUTHORIZATION AND RELEASE OF LIABILITY

Per Minor Students

I, the parent or legal guardian of the below-named minor child, authorize participation of my child in classes and other ministry-related events while participating in The River Dance Company (RDC). This includes all activities and transportation to and from all activities.

Per All Students

I understand that my/my child's participation is voluntary and that dance-related activities are conducted by RDC staff, volunteers, guest faculty, and parents of other participating children. I understand that RDC is solely responsible for all aspects of ministry-related activities including the selection and supervision of all people conducting activities. I understand that dance is an area of study that by nature involves risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather-related injuries, training and performance area equipment defects and negligence of supervisory persons. I further understand that the art of dance and nature of dance instruction may sometimes require a teacher to touch my child/me. I understand that this will happen in a caring, gentle and appropriate manner.

In consideration of the privilege of my/my child's participation in RDC activities, and on behalf of me/my child and me as parent/guardian, I hereby release, hold harmless and indemnify, and covenant not to sue The River Dance Company, Central Church, and all RDC or Central Church employees, volunteers, insurers, and other people associated with RDC (including but not limited to sponsors, parents, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by me/my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my/my child's participation in RDC activities. This also includes any first aid, medical care or treatment provide to me/my child in the event of injury or illness while participating in RDC activities; I further release any claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the participating student, that I as parent/guardian, and that other family members may have. If any provision of the Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns.

I give RDC my consent to use photos and/or videos of my child or myself for advertising on the website, newspapers, and any promotional materials. I understand that it is my responsibility to let the Administration know if I do not want our names used in conjunction with our photos.

My signature below indicates that all information provided in this form is true and accurate, and that I fully understand and agree to all statements herein. Each responsible parent or adult student should sign.

Signature: _____ Printed Name: _____ Date: _____
(Parent/Guardian or Adult Student)

Signature: _____ Printed Name: _____ Date: _____
(Second Parent/Guardian)

Minor's Full Name: _____ Minor's Full Name: _____

Date of Birth: _____ Date of Birth: _____

Minor's Full Name: _____ Minor's Full Name: _____

Date of Birth: _____ Date of Birth: _____

Minor's Full Name: _____ Minor's Full Name: _____

Date of Birth: _____ Date of Birth: _____

**THE RIVER DANCE COMPANY
VOLUNTEER COMMITMENT AND BUILDING USE COVENANT**

Dear Parents and Dancers:

One of The River Dance Company's foundations is that we are a God-lead organization with many volunteers. It is **essential** that we have our dance families working together with us to bring about the details of ministry and outreach. In an effort to help you understand what volunteering at RDC means; the following is an overview of the positions we need volunteers to fill.

- Parents to chaperone in dressing rooms during any event or program
- Parents and family members for stage crew at programs
- Parents to help with set up and tear down at programs and other events
- Parents and Adult dancers to transport dancers and equipment to events away from Central
- Parents willing to work the check-in desk each week
- Parents helping Dancers arrive on time, dressed and ready for class each week
- Adult Dancers and Parents embracing the dress code and hair requirements during class, rehearsals and programs
- Parents to make phone calls
- Parents to do office work (helping to prepare newsletter mailing, for example)
- Parents willing to be the class "Mom" for each class

I _____(print name) have read the volunteer commitment above and understand the importance of being an active part of the Parents of The River Dance Company. I will be a part of the ministry by helping.

signature

date

Central Church Building Use Covenant

RDC has the privilege of using the Central Church facility. The facility also hosts a school. It is essential that all ministries utilize the space with care in order to keep maintenance costs minimal and keep the façade of the building and its contents in good condition. For the coming dance season, please commit to following these guidelines:

- Please use door # 1 to enter and exit the building.
- There will be a waiting area with chairs available at reception. Families are welcome to wait in this area or in your car while your student is in class. You are responsible to supervise your own children. Under no circumstances are children to be roaming the building or grounds unattended. You may not drop off any other children who do not have class and leave the church grounds.
- The only persons authorized to use kitchen facilities will be instructors who are teaching during the supper hour.
- Please respect classes that are in session and church staff by remaining quiet in the waiting area.
- No children are allowed in the parking lot or playground without adult supervision.
- Any defacing or damage of property will be repaired at the expense of the guilty party.

I have read the Building Use Covenant, and covenant to help The River Dance Company with their stewardship of the Central Church building by following the guidelines given.

signature

date

RDC Company Directory Information

In past years, there has been an expressed desire by parents for there to be a River Dance Company directory. We feel this will be beneficial to both our students and families as well as to teachers and volunteers so that information can be relayed more effectively.

We also respect the privacy of our student's families. If you do not wish to have certain (if any) information published, you can choose not to give it. Directories will be distributed to RDC student families (1 copy per household). **Please only fill out the information you wish to be published.** This information will not be published on our website.

All information should be used for dance company purposes only.

Student's Name _____ Birthday: _____

Parent's Name to List _____

Address _____

City, State & Zip _____

Home Phone _____ Cell Phone _____

Family E-mail Address _____

FOR ADDITIONAL STUDENTS IN SAME FAMILY, PLEASE COMPLETE BELOW:

Student's Name _____ Birthday: _____

Student's Name _____ Birthday: _____

Student's Name _____ Birthday: _____

Student's Name _____ Birthday: _____

Student's Name _____ Birthday: _____

Student's Name _____ Birthday: _____