

**Registration Form**  
**Print form and mail to DHDA/ RDT:**  
118 S. 6<sup>th</sup> St., Emmaus, PA 18049  
610-965-6216

Student's name: \_\_\_\_\_

Age: \_\_\_\_ Date birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Class(es): \_\_\_\_\_ RDT DHDA  
Please circle one

Class(es): \_\_\_\_\_ RDT DHDA  
Please circle one

I, the undersigned, hereby certify that the above named student has been examined recently by a physician, is physically fit, and has no pre-existing condition which would prohibit participation in the strenuous physical program of Repertory Dance Theatre (RDT) or Dolly Haltzman Dance Academy (DHDA). I authorize RDT and DHDA faculty or representatives to obtain emergency medical treatment for the above named student if deemed necessary, and I agree not to hold RDT or DHDA, its directors, faculty, staff, or their representatives, in any way liable for any injuries or treatment. I have provided the administration with a list of any medications taken on a regular basis and the reason for taking them. I agree to be responsible for prompt and timely payment of any and all tuitions and fees due RDT and DHDA for the above named student. I understand that there are no refunds for classes missed or early withdrawal and that tuition refund may be granted for students who have to withdraw for medical reasons with a doctor's note. RDT and DHDA have my permission to photograph, videotape, or film this student for promotional purposes.

\_\_\_\_\_  
Signature (parent or guardian, if minor)

**Tuition Amount Enclosed: \$** \_\_\_\_\_

**Separate, non-refundable \$10 registration fee for RDT and/or DHDA classes. Payment due by May 15th for discount. Full payment due June 15 (make checks payable to Repertory Dance Theatre or DHDA).**