

**BRANDI RAE'S SCHOOL OF DANCE**  
**Registration Form 2025-2026**

**TO REGISTER: PRINT AND MAIL COMPLETED FORM & PAYMENT TO:**  
Brandi Rae's School of Dance, 116 Cochituate Road, Framingham, MA 01701

**CHECKS PAYABLE TO:**  
Brandi Rae Lochiatto

STUDENT: \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_  
Parent/Guardian #1 \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Parent/Guardian #2 \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Emergency Contact (not parent): \_\_\_\_\_ # \_\_\_\_\_  
Allergies/Medical Conditions/Special Concerns: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

**SESSION PAYMENT:** FALL ☐ SPRING ☐

**CLASS REQUEST**

**DAY**

**TIME**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**TOTAL HOURS (Per Week)** \_\_\_\_\_ **Total Tuition** \$ \_\_\_\_\_  
**Registration Fee:** (Annual \$40 or Semi-Annual \$25) \$ \_\_\_\_\_  
**Sibling 10% Discount:** (if applicable) \$ ( - \_\_\_\_\_ )

**PAYMENT METHOD:** Credit Card ☐ Cash ☐ Check #  **GRAND TOTAL \$**

**CREDIT CARD PAYMENT INFORMATION:** (If paying via credit card)

Name on Card: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_  
Card Number: \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV code \_\_\_\_\_ Zip Code \_\_\_\_\_

**Participation will not be granted unless this form has been Signed & Dated at bottom of page.**

**LIABILITY WAIVER**

Participant and participant's parent/legal guardian hereby indemnifies Brandi Rae's School of Dance (BRSOD) and affiliates, together with all of their employees, guests, independent contractors, volunteers, agents, or any other persons from any and all third party claims, actions, losses, liabilities, claims of liability, allegations, judgments, costs, expenses, reasonable attorneys fees, causes of action, or damages whatsoever, including, without limitation, death or injury to any person or damage to any property, resulting from or arising out of Participant's participation or Participant's guest's participation, or any family member, friend, guest or other in any programs, performances, online classes, videos, communications or other, and any activities directly or indirectly related to (BRSOD) on site, off site or online in any capacity. Parents/legal guardians are responsible to inform instructors of any and all limitations, problems, medical needs, or concerns prior to their own participation or their child's participation in any activity.

**PHOTO & VIDEO RELEASE**

Participants (parents/guardians/students) grant permission to (BRSOD), its employees, guests, independent contractors, volunteers, agents, and any other person, to take and use visual/audio images of participants. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions in addition to any and all online visual or audio recordings. The images may be used in any manner or media without notifying the Participant, including but not limited to (BRSOD) related web sites, publications, promotions, broadcasts, and advertisements, including any online sites. No compensation will be given for any photo, video, audio or any online medium for any reason. Recording of any online video is strictly prohibited and cannot be reproduced, sold, shared or distributed in any way.

**I have read, understand and accept this Liability Waiver and Photo & Video Release. I have also read, understand and accept all of (BRSOD) Policies as noted on [www.brandiraesschoolofdance.com](http://www.brandiraesschoolofdance.com) and I accept and agree to all financial obligations.**

**SIGNATURE** (Parent/Guardian if under 18yrs) **X** \_\_\_\_\_ **DATE:** \_\_\_\_\_