



# TRDance Center

## STRUCTURED/CAMP REGISTRATION FORM – Summer 2019

*Please complete one form per child*

Student's Name \_\_\_\_\_ Student's Cell \_\_\_\_\_ Male/Female \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email Address – **required, please print legibly. Confirmations, class updates are sent via email.**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Class/Camp	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Camps or classes with fewer than 3 students may be cancelled or merged.

Office Use:	Trial/Placement Class Date: _____	
Registration Fee:	Amount paid: _____	Date paid: _____
Payment:	Amount paid: _____	Date paid: _____
<input type="checkbox"/> Discounted \$25.00 by registering by May 1.		
Payment Method: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> MoneyOrder <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AmEx		
Desk Staff Initials: _____		

# DANCE EXPERIENCE

Style

Years of Study

School/Teacher

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## MEDICAL RELEASE AND PARENTAL CONSENT

The student has the following medical conditions, allergies, etc.:

\_\_\_\_\_

The student is taking the following medication(s):

\_\_\_\_\_

**MEDICAL RELEASE:** I recognize that my or my child's attendance and participation in dance classes may expose him/her to risk of injury or harm. I accept this risk and agree that Todd Rosenlieb Dance and the TRDance Center or its staff will not be held responsible should such injury or harm occur.

**PHOTO RELEASE:** I give permission for Todd Rosenlieb Dance and the TRDance Center to use my child's image on school brochures, social media outlets and other promotional materials.

**TUITION AGREEMENT:** I agree to pay the tuition in full as indicated above. I understand that tuition is for the entire program and is not refundable. There will be a \$25 fee on all returned checks. Camps or classes with fewer than 3 students may be cancelled or merged.

**Agreement Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Periodically, TRDance will have volunteer opportunities for parents. Please indicate below if you are interested in volunteering with TRDance:

- Helping in the Dressing Room during the Academy performance in June
- Helping give out programs and tear tickets for the Academy performance in June
- Representing TRDance at community events, fairs, and festivals
- Other: \_\_\_\_\_