



TRDance Center

STRUCTURED REGISTRATION FORM – 2018-2019 Academic Year

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	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<i>Office Use:</i>	<i>Trial/Placement Class Date:</i> _____	
<i>Registration Fee:</i>	<i>Amount paid:</i> _____	<i>Date paid:</i> _____
<i>First Payment:</i>	<i>Amount paid:</i> _____	<i>Date paid:</i> _____
<i>Payment Plan Selected:</i>	<input type="checkbox"/> <i>Pay in Full</i> <input type="checkbox"/> <i>2-Payment Plan</i> <input type="checkbox"/> <i>9-Payment Plan</i> <input type="checkbox"/> <i>Recurring Payment Authorization Form received</i>	
<i>Uniform Needed:</i>	<i>Amount paid:</i> _____	<i>Date paid:</i> _____
<i>Payment Method:</i>	<input type="checkbox"/> <i>Check #</i> _____ <input type="checkbox"/> <i>Cash</i> <input type="checkbox"/> <i>MoneyOrder</i> <input type="checkbox"/> <i>Visa</i> <input type="checkbox"/> <i>MC</i> <input type="checkbox"/> <i>Discover</i> <input type="checkbox"/> <i>AmEx</i>	
<i>Desk Staff Initials:</i>	_____	

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. If I selected the 2- or 9-payment plan above, I agree to (1) pay the first payment and (2) complete and return the Recurring Payment Authorization Form for the remaining payments upon registration.

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: _____