



TRDance Center

STRUCTURED REGISTRATION FORM – Summer 2018

Please complete one form per child

Student's Name _____ Male/Female _____ DOB _____ Age _____

Address _____ Student's Cell _____ City _____ Zip code _____

Parent/Guardian's Name _____ Cell phone _____ 2nd phone _____

Parent/Guardian's Name _____ Cell phone _____ 2nd phone _____

E-mail Address—*required, please print legibly. Confirmations, class updates are sent via e-mail.*

Class	Emergency Contact:	Relationship	Phone
	Day		Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payment Options:

() Registration fee. Amount paid: _____ Date paid: _____

() I agree to pay in full for the full amount \$ _____

Check # _____ Cash Visa MC Discover Amex Money Order

Agreement Signature: _____ Date: _____

DANCE EXPERIENCE

Style

Years of Study

School / Teacher

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

MEDICAL RELEASE AND PARENTAL CONSENT FORM

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

_____	_____	_____
_____	_____	_____

The student is taking the following medication(s):

_____	_____	_____
_____	_____	_____

Insurance Co.: _____ Policy No.: _____

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.

Agreement Signature: _____ Date: _____

PHOTO RELEASE:

() Yes, 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.

() No, please do not use my child's image for promotional purposes.

Agreement Signature: _____ Date: _____

