



# TRDance Center

## SUMMER INTENSIVE REGISTRATION FORM 2018

*Please complete one form per student*

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

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Address \_\_\_\_\_ Student's Cell \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

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Parent/Guardian's Name \_\_\_\_\_ Cell phone \_\_\_\_\_ 2nd phone \_\_\_\_\_

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Parent/Guardian's Name \_\_\_\_\_ Cell phone \_\_\_\_\_ 2nd phone \_\_\_\_\_

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

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

### Payment Options:

- ( ) Registration fee **\$35** Date paid: \_\_\_\_\_ OR Returning Student \_\_\_\_\_
- ( ) Guest Artist Ballet Intensive August 6-10, 2018 \$400
- ( ) TRDance Intensive Week 1 August 13-17, 2018 \$350
- ( ) TRDance Intensive Week 2 August 20-24, 2018 \$350
- ( ) TRDance Intensive BOTH WEEKS August 13-24, 2018 \$600

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: \_\_\_\_\_

