

TADA REGISTRATION FORM

2017-2018

STUDENTS NAME _____ NICKNAME _____

ADDRESS _____

NAME OF PARENT(S) _____

TELEPHONE NUMBER _____ ALT. NUMBER _____

E-MAIL ADDRESS _____

STUDENTS AGE AS OF SEPTEMBER 11TH, 2017 _____ DOB _____

IF NEW STUDENT, HOW DID YOU HEAR ABOUT US?

PREVIOUS DANCE EXPERIENCE _____

PHYSICAL/EMOTIONAL LIMITATIONS AND/OR ALLERGIES THE INSTRUCTOR SHOULD CONSIDER IN WORKING WITH STUDENT. EXPLAIN:

SCHEDULED CLASSES:

*I hereby agree **NOT** to hold Tammy Allen Dance Academy, its Directors and staff responsible for any damages or liabilities due to theft, accidents or injuring resulting from participation in any capacity or relating to any function or activity of said Tammy Allen Dance Academy.

PLEASE INITIAL HERE _____

*I agree to pay **ALL** tuition fees as scheduled. If payment is not made by the **7TH OF EACH MONTH**, I understand that a \$15.00 LATE FEE will be imposed on my account.

PLEASE INITIAL HERE _____

*I agree to registration fee and recital fees, costume deposits and balances that apply to my child(ren) per the scheduled due dates. It is understood that if my account is not paid in full by recital date, my child(ren) will not be able to perform in the recital.

PLEASE INITIAL HERE _____

*In the event that it becomes necessary to refer this account to collections, it is understood that I will be responsible for all collection fees, including attorney fees, interest, etc.

PLEASE INITIAL HERE _____

*I grant TADA permission to take videos/photos of my child(ren). I also grant full rights to use images resulting from photography/video filming for publicity, social media, fundraising, etc. for the purpose of helping the studio grow and advertise.

_____ YES, I GIVE PERMISSION

_____ NO, I DO **NOT** GIVE PERMISSION

Parents Signature _____ Date _____