

**Registration and Waiver Form**

Student Name ­­­­­­­­­­­­­­

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade ­­­­­­­­­­­­­­­­­

Birthday ­­­­­­­­­­­­­­­

Parent Name ­­­­­­­­­­­­­­­­­­­­­

Home Address \_\_\_

Cell Phone ­­­­­­­­­­­­­­­­­­­­­

Home Phone ­­­­­­­­­­­­­­­­­­­­­

Email ­­­­­­­­­­­­­­­­­­­­­

T-Shirt Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the $25.00 registration fee will secure a spot for my child in a TDWS dance class for the 2017-2018 dance year and that the fee is non-refundable. (Initial)

I am requesting the following class(es) for my child:

­­­­\_\_\_\_\_\_\_\_\_

I understand that the fees for the above class(es) total $ , and that payment is due on the 1st class of each month. If payment is not received by the 10th of the month I will be charged a $10.00 late fee.

(Initial)

Parent Signature Date

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Charge | Type of Payment | Date |
| Registration Fee | $25.00 |  |  |
| August Tuition |  |  |  |
| September Tuition |  |  |  |
| October Tuition |  |  |  |
| November Tuition |  |  |  |
| December Tuition |  |  |  |
| January Tuition |  |  |  |
| February Tuition |  |  |  |
| March Tuition |  |  |  |
| April Tuition |  |  |  |
| May Tuition |  |  |  |

**Waiver and Release Form**

Waiver and Release from Liability Form I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print your name) have chosen to have my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print child’ name), participate in dance instruction given by TDWS, LLC. I acknowledge that I understand the nature of the activities my child will be participating in and the possibility that despite precautions, accidents and/or physical injury may occur.   
   
I/we agree to release and hold harmless TDWS, LLC including its teachers, and staff members from any cause of action, claims, or demands now and in the future. I/we will not hold TDWS, LLC liable for any personal injury or any personal property damage or loss, which may occur on the premises before, during or after classes or which may occur at any TDWS, LLC sponsored event outside the studio.   
  
Furthermore I/we agree to follow the class and facility policies and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by TDWS, LLC.  I also understand that this may result in immediate dismissal from TDWS, LLC studio.  
  
I authorize and agree that TDWS, LLC may take and use photographs, videos or likenesses of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same.  
  
My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above.  I am of lawful age and competent to sign this affirmation.  
  
I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dancer's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Official Use:**