

**TC Dance Academy for the Performing Arts 2011/2012 Registration Form**  
**810 Commerce Drive Kendallville, IN 46755**

Today's Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Specify any medical condition(s) we should be aware of: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School attending and Grade: \_\_\_\_\_

Dance Classes Interested in: \_\_\_\_\_

Use this space for additional information that will assist in class placement: \_\_\_\_\_

\_\_\_\_\_

---

I understand the above information is true and correct and any and all medical problems have been identified. I also understand that tuition is due the first week of every month. Tuition paid after the 15<sup>th</sup> of the month will be charged a \$5 late fee. Tuition paid after the 28<sup>th</sup> of the month will be charged an additional \$10. An additional monthly late fee of \$20 will be added to unpaid balances. Tuition is non-refundable. I also understand that costume fees are due in November and are non-refundable. It will be the responsibility of the parents to give two weeks notice when dropping classes. If notice is not given, you will continue to be charged tuition. **A \$10 per class registration fee must be submitted with the registration form.** This fee will be refunded if no class is offered during the current dance year. Fee will not be refunded if a class is offered and your child does not participate. There will be a \$25 charge for returned checks.

**Waiver**

I understand that a physician should approve any form of exercise. It is agreed that I waive and release all rights and claims for damages that I and/or my child might have against Tri-County Dance Academy, Inc.; Charles Rash; Christine Rash; any of the Tri-County Dance Academy, Inc. instructors or any Tri-County Dance Academy, Inc. representative(s); or C&C Rash, LLC for any injury in connection with the Tri-County Dance Academy, Inc. dance programs and other activities relating to such programs including but not restricted to competitions, performances, field trips and recitals. The risk of such programs is fully understood. I understand I am responsible to maintain insurance or pay for medical expenses incurred. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections or medications for my child.

**Consent for Use of Photography**

I grant to TC Dance, Tri County Dance Academy, C&C Rash LLC and its representatives, assignees and employees the right to use photographs of me and my property in connection with TC Dance. I authorize the above companies its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the above companies may use such photographs of me, with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_  
Parent or guardian

If person named above is not available in the event of an emergency, notify:

\_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_