SEASON 2023-2024
REGISTRATION and MEDICAL RELEASE FORM

Student Name_____

Date of Birth_____

Address_____

City/State_____Zip_____

Parent(s) or Guardian(s)_____

Home Phone #_____

Cell Phone #_____

Email Address_____

Emergency Name and Phone #_____

Are there any medical conditions we should be aware of? (If so, explain please)

_____

_____

Consent/Release Waiver

Dance activities may carry a risk of injury to the student or participating individual. Some of these risks include: sprains, dislocations, bruises, broken bones etc. We, the staff members of A Time To Dance, will do our best to prevent injuries and accidents to participating students/individuals. It is with this understanding that I enroll my child/myself into a program at A.T.T.D. If the need arises for medical treatment, I do herby grant authority to the A.T.T.D. staff to transport or obtain transportation to the nearest hospital or treatment center. I further agree that, due to my understanding of the inherent risks involved, the owners and instructors who work with my child(ren)/myself shall not be held liable for any damages arising from personal injuries sustained within the A.T.T.D. facility or at any event associated with A.T.T.D. I hereby fully release and discharge the A Time To Dance owners and instructors from any and all damages, demands, rights of actions, claims, present and future.

A.T.T.D. Tuition Policy

Tuition is due the first of each month. After the 10th of each month a $5 late fee will be added to the account. Tuition is the same for a 3 class short month as for a 5 class long month. If tuition falls more than one month late, the student will not be permitted to attend class until the account is paid up to date.

Please Read and Sign Below

I, the undersigned parent or guardian, have read, fully understand and agree to the above policies of A Time To Dance Performing Arts Education. I hereby give my permission to A.T.T.D. to use photographs and/or videos of the dancer listed above as deemed appropriate for the promotion of A Time To dance Performing Arts Education.

Parent/Guardian Signature_____Date_____