



2010-2011 Registration

Student Name _____ Date of Birth _____
Parent(s) Name(s) _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Mother's E-mail Address _____ Father's E-mail Address _____
Emergency Contact Name _____ Phone Number _____
Previous Dance Experience _____ Years _____ Location _____
Doctor _____ Phone Number _____
Student's medical conditions related to physical activity (if any) _____

Class Type	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tuition/Registration Fees & Policies

- There is a \$35.00 registration fee per child due with the registration form to reserve space in the class. This fee is non-refundable and class space is not reserved until this fee is paid.
- All tuition is paid in advance for each semester and can be paid on-line at tarrytowndance.com. Tuition is due in full by the first class.
- A late fee of \$20.00 will be applied to all accounts not paid by September 15th.
- Tarrytown Dance does not pro-rate for missed classes or late registrants.
- Second student discount - A \$20.00 discount is applied to the total tuition for any second student enrolled and a \$35.00 discount is applied for third or subsequent students.
- There is a \$20.00 fee on all returned checks.
- Class changes or drops MUST be submitted to the office in writing.

I agree that I have read and understand the Tuition/Registration Fees & Policies section above.

Parent Signature _____ Date _____

Fall Semester will run from August 30 to December 18, 2010.

Spring semester will run from January 8 to May 12, 2011.

Tarrytown Dance will be closed the following dates:

September 6th – Labor Day

November 23rd-27th – Thanksgiving

March 12th-17th – Spring Break

Please complete the Medical Release Form on the other side of this sheet.

TARRYTOWN DANCE CENTER, INC. RELEASE AND MEDICAL CARE /TRANSPORTATION
(Registration will not be accepted until this form is fully completed and executed by an
authorized parent or other legal guardian of the child named below)

The undersigned represents to Tarrytown Dance Center, Inc. of Austin, Texas, and its shareholders, officers, employees, instructors and other representatives whether paid or volunteer (collectively the "Center"), that the undersigned is a parent or legal guardian of the child named below and is fully responsible for the care and well being of said child. The undersigned confirms that there are no mental or physical problems or limitations associated with said child's participation in the programs of the Center.

The undersigned hereby authorizes the Center to obtain medical assistance (or administer simple first aid in the event of minor injuries) and to provide transportation for said child in the event of any illness or injury to said child while on the premises of the Center or otherwise in the care of the Center. In connection therewith, if the undersigned parent or legal guardian cannot make timely arrangements for emergency medical attention in the event of any illness or accident of said child while in the care of the Center, I hereby authorize the Center to take my child to:

Dr. _____ Address _____ or
to _____ to Hospital, where medication or procedures such
healthcare providers may deem necessary for said child's well being may be administered. The undersigned further
agrees to be financially responsible for all such medical services.

The undersigned acknowledges and agrees that the Center shall not be liable for any losses, liabilities, claims, causes of action or damages of whatever nature, whether foreseen or unforeseen, direct or indirect, REGARDLESS OF WHETHER ANY SUCH LOSS, LIABILITY, CLAIM, CAUSE OF ACTION OR DAMAGE RESULTS FROM THE NEGLIGENCE OF THE CENTER, BUT SPECIFICALLY EXCLUDING THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CENTER, ITS SHAREHOLDERS, OFFICERS, EMPLOYEES, AGENTS, INSTRUCTORS OR OTHER REPRESENTATIVES, that may arise in or to the benefit of the undersigned, in the name of or for the benefit of said child, or in the name of or for the benefit of any other person as a result of personal injury to said child while on the premises of the Center or otherwise in the care of the Center, including without limitation, any injuries sustained while said child is being transported as herein authorized, and in connection therewith, the undersigned, on behalf of himself/herself, said child and any other parent or guardian of said child, hereby knowingly, intentionally and willfully RELEASES and DISCHARGES the Center from any and all of said losses, liabilities, claims, causes of action or damages.

In furtherance of the foregoing, the undersigned hereby agrees to indemnify and hold harmless the Center from and against any and all damages, claims, causes of action, liabilities, losses, suits, costs or expenses (including court costs and reasonably attorneys' fees and disbursements) of whatever nature which may arise from any injury to said child while participating in programs of the Center or being transported or medically treated as authorized herein, REGARDLESS OF WHETHER ANY SUCH LOSS, LIABILITY, CLAIM, CAUSE OF ACTION OR DAMAGE RESULTS FROM THE NEGLIGENCE OF THE CENTER, BUT SPECIFICALLY EXCLUDING THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CENTER, ITS SHAREHOLDERS, OFFICERS, EMPLOYEES, AGENTS, INSTRUCTORS OR OTHER REPRESENTATIVES.

If one or more provisions of this instrument are held to be invalid, illegal or unenforceable under applicable law, such invalid, illegal or unenforceable provisions in their entirety or portions thereof, to the extent necessary, shall be severed from this instrument, and the balance of this instrument shall be enforceable in accordance with its terms.

The undersigned acknowledges that the child named below will or may be videotaped or photographed by the Center for educational, performance or promotional purposes, and any likeness of said child may be used by the Center for promotional purposes without further consent and without payment of any compensation by the Center to said child or any other person. I have read the foregoing Release and Medical Care/Transportation Authorization and fully agree with and understand it in all respects.

Print Child's Name: _____

Signature of Parent: _____

Parent's Printed Name: _____ Date: _____

In Case of an Emergency please notify: (list names and phone numbers of two individuals to contact in the event of injury, illness or other emergency)

Print Name: _____ Phone No. : _____

Print Name: _____ Phone No. : _____