



REGISTRATION FORM SUMMER 2020



Dancer's Name: _____ Date of Birth: ____/____/____ Age: _____

School: _____ Grade: _____

This will be my _____ year dancing at Tammy Arrowood's S.O.T.

Parent's Name: _____

Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Email (please print): _____

Confirm Email (please print!) _____

Address: _____

City: _____ State: _____ Zip: _____

Important Medical Information (allergies, etc): _____

I understand and acknowledge that there is a risk of injury inherent in dance activities and that personal injury or damage to property may result during participation in dance and related activities. I represent that my child is physically able to safely participate in dance and related activities. I agree to assume all risks associated with my child's participation in dance instruction, rehearsal, performance and related activities. In consideration of receiving instruction at Tammy Arrowood's Stars of Tomorrow, I hereby waive, release and discharge all present and future claims and liabilities of any kind, whether for bodily injury, property damage, or other loss, arising out of my child's participation in dance and related activities, including but not limited to dance instruction, rehearsals, and performances, whether conducted on or off studio premises. I also acknowledge that I am responsible for delivering my child to the studio and picking her/him up and that the studio is not responsible for a child that leaves the premises. If parent or Emergency Contact cannot be reached in case of an emergency, consent is given for my child to receive medical or surgical care as recommended by the physician or hospital.

I have read this release, understand it, and hereby agree to its terms. I also consent to photography and recording of my child for its usage in promotional and public relations activities. All recordings are property of Tammy Arrowood's Stars of Tomorrow.

I have received the Tammy Arrowood's Stars of Tomorrow Payment Chart and 2020 Summer Calendar and agree to the terms regarding all related program fees and deadlines.

Signature of Parent or Guardian

____/____/____
Date

CLASS _____ PREFERRED DAY/TIME _____

For Office Use Only Date Received ____/____/____