

**Tammy's Tumbling & Dance Center, LLC  
Registration Form 2019-2020**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

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**Payment Policy**

I \_\_\_\_\_ parent of \_\_\_\_\_ acknowledge that I understand tuition is due on the 1<sup>st</sup> of each month and considered late on the 7<sup>th</sup> of each month. I am aware that a \$10 late fee will be applied to my tuition on the 8<sup>th</sup> and increases to \$15 on the 15<sup>th</sup> of the month. Furthermore, I am aware that no "Balance Due" will be carried over to the next month, and my child will not be allowed to participate in class until all tuition is paid in full.

I am also aware that I will be billed for classes and am responsible for payment until I submit in writing that my child will no longer attend classes.

I understand that all classes are paid on a monthly basis, and if the dance center is closed (weather, holiday, competition, etc.) makeup classes are available. I realize it is my responsibility to schedule makeup classes. I understand that management has the right cancel or alter classes as needed.

**We will take photos at Shows Parades Recital etc. and will use for advertisement.**

**I realize that there is a \$25.00 "Returned Check Fee".**

**I understand there are No Refunds on Tuition, Registration, Rehearsal Fees, Costumes, Clinics, Shows, Recital Fees, Competition Fees, Conventions and Meets. No Exceptions.**

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

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**Hold Harmless Agreement**

I \_\_\_\_\_ parent of \_\_\_\_\_ hereby understand that Tammy's Tumbling & Dance Center, LLC will not be held responsible for any accident that may occur upon entering, exiting or during any class, performance or while on the Tumb Trak and or Silks. Furthermore I am confident that everything possible will be done to ensure my child's safety. I also understand there is always an element of risk in any physical activity that involves children, and I am aware and willing to take that risk in the Dance Center.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

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How did you hear about our Dance Center? \_\_\_\_\_

**\*There is a \$25 annual registration fee, \$35.00 Family**