

**Tammy's Tumbling & Dance Center, LLC
Registration Form 2021-2022**

Date _____

Student's Name _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Emergency Contact _____ Relation _____ Phone _____

Payment Policy

I _____ parent of _____ acknowledge that I understand tuition is due on the 1st of each month and considered late on the 7th of each month. I am aware that a \$10 late fee will be applied to my tuition on the 8th and increases to \$15 on the 15th 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 \$30.00 "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 _____

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 Tumbl 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 _____

***Is there anything we need to know about your child (Medical) or anything?**

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