

2022-23 Registration Form, Waiver & Release of Liability

SUMMER 2022 REGISTRATION

***TDFS SUMMER SESSION ENDS AUGUST 26, 2022**

***TRINITY ALPS BOXING CLUB IS ON-GOING; CHECK WITH COACH**

THIS REGISTRATION IS FOR TDFS NEW PAGE BOXING

NOTE: TRINITY ALPS BOXING CLUB IS NOT AFFILIATED WITH TDFS, ADVENTURE VIDA LCC, OR ITS ASSOCIATES

Participant's Name _____ **Age** _____ **Birthdate** _____

HEIGHT _____ **STREET SHOE SIZE** _____ **T-SHIRT SIZE** _____ **PANTS SIZE** _____

Consenting Parent's Name (if student is under age 18) _____

Phone Number _____ **Email** _____

Mailing Address _____ **Street Address** _____



Participant's Prior Dance, Fitness, Exercise, Athletic, or Performance Experience:

Participant's health concerns, recent injuries, allergies, learning or physical disabilities:

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Emergency Contact #1 Name: _____ **Phone:** _____

Emergency Contact #2 Name: _____ **Phone:** _____

PARTICIPATION IN SPORTS CARRIES A HIGH RISK OF INJURY! PARTICIPANTS MUST CARRY THEIR OWN MEDICAL INSURANCE. IN THE EVENT THAT A SUSPECTED EMERGENCY ARISES, IT IS OUR POLICY TO CONTACT EMERGENCY SERVICES. THIS IS DONE AT THE PARTICIPANT'S SOLE EXPENSE. ATTEMPTS WILL BE MADE TO CONTACT GUARDIANS IF A SUSPECTED MEDICAL SITUATION ARISES. IN THE EVENT THAT YOU CANNOT BE CONTACTED, WE WOULD LIKE TO KNOW AHEAD OF TIME WHAT YOU WANT US TO DO, SHOULD YOUR PARTICIPANT BECOME INJURED OR FALL ILL WHILE IN CLASS.

PLEASE CROSS OFF ALL THAT DO NOT APPLY (OR ADD TO IT) AND SIGN AT THE BOTTOM OF THIS SECTION:

I GRANT PERMISSION FOR TDFS STAFF OR ASSOCIATES TO ADMINISTER 1ST AID TO ME/MY PARTICIPANT, WHICH MAY INCLUDE BANDAGES, ICE, BENADRYL, ALBUTERAL INHALER, EPI-PEN, HYDROCORTIZONE CREAM, ANTIBACTERIAL OINTMENT, TYLENOL, IBUPROFIN, SALINE EYE DROPS, OPTICAL WATER FLUSH, ELECTROLYTES, *OTHER:* _____

Print Name, & Sign: _____ **Date:** _____

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Independent Contractors who offer services at or through our facilities or association. I further attest that I have sought and received or have no known reasonable rationale to first seek permission from a medical practitioner before participating at TDFS or NPB.

Participants are encouraged to eat 30 minutes prior to and drink water before and during this activity, participate in warm up & cool downs, & monitor themselves or their kids for shortness of breath, faintness, weakness, pain, stinging, numbness, or other symptoms throughout activity & notify instructor immediately if any become evident.

***MUSIC & MEDIA:** TDFS and NPB make every effort to choose music that is age-appropriate and for general audiences. I understand, however, that songs may occasionally contain patriotic or religious messages, cusswords or insinuated adult humor. Whenever possible, music is used by permission or licenses. This does not give permission to parents to use or otherwise publish or transmit the music in any form. Choreography is likewise subject to copyright protection and may not be shared or redistributed. Photographs of performances may be posted/used by parents as long as the pictures are edifying in general and not demeaning to our dancers or TDFS/NPB in any way, and the credit line identifies the performance date and studio or boxing club.

***PHOTOS/VIDEOS:** I give permission for TDFS or NPB to photograph and/or video record myself and/or the participant named herein for the purposes of learning review, choreography practice, recital recordings, social media, websites and/or other promotional events or activities in perpetuity without remuneration. _____ (Initial)

***CARE:** Parents must accompany young children to the bathroom. NOTE: Please make sure kids have used the restroom and gotten drinks immediately prior to class. Please bring a water bottle to class. Our water dispenser is only a courtesy. _____ (Initial)

***DRESS & CONDUCT:** Parents, participants, and visitors must not disturb or interact with students during class and may be asked to leave studio/dojo, temporarily or permanently if they cause distractions during classes. If asked to leave, no refunds will be given. We, the undersigned, have received a copy of the dress code and agree to adhere to dress codes & rules to the best of our ability. _____ (parent) _____ (student)

A copy of this agreement is available upon my request. I also agree to sign in for attendance prior to each class. I understand students are not allowed to leave without being accompanied by a responsible adult, unless other arrangements have been made by me in writing and I have notified TDFS or NPB.

I HAVE READ THIS AGREEMENT, WAIVER AND RELEASE OF LIABILITY. I FULLY UNDERSTAND ITS CONTENTS AND AGREE TO BE BOUND BY ITS STATEMENTS, INSTRUCTIONS, AGREEMENTS, TERMS, & CONDITIONS.

Printed Name & Signature of Participant

DATE

Printed Name & Signature of Parent/Guardian if participant is under 18

DATE

NEW PAGE BOXING CLUB

MEMBERSHIP TO NPBC IS ON A MONTH-TO-MONTH BASIS. THE FEE IS \$65 A MONTH. LATE FEES APPLY. SEE COACH FOR DAYS & TIMES.

I understand that the Annual Fee is due per calendar year, separate from tuition, for both NPBC and TDFS.

Initials

TUITION FOR KARATE & DANCE CLASSES

Tuition is for a full semester, payable regardless of actual participation, calendar, schedule, or number of monthly classes. Tuition is pro-rated from the first day of class. Registration constitutes my agreement to pay for the semester in order to grant me/my participant one of the limited spaces on the dance floor or in the dojo.

I understand that: Tuition and fees are non-refundable. Schedule is subject to change. TDFS offers make-up classes whenever possible, but they are not guaranteed.

TDFS understands that it may not be possible for me to pay for a semester upfront, so they would be glad to allow me to make payments, to spread the total amount owed over the months remaining in the semester. I promise to pay *at least* the agreed-upon amount every month (I can always pay off the remaining balance early,) until the semester tuition is paid in full, regardless of attendance or calendar. I understand that I am not paying “per class” and that “Drop-In Rates” do not apply after registration. I agree that a \$10 Late Fee will be added to payments made after the 10th day of each month, in addition to \$25 returned check fee, if any.

Signature: _____ **Date:** _____

Pay for the semester (nonrefundable) in full by the 1st class, and receive a 5% discount.

SEMESTERS: *Spring is January-June; Summer is July-August; Fall/Winter is September-December*

Payer’s Name (If not Participant): _____ Phone: _____

Physical Address: _____ Do you receive mail there? _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

2022 SUMMER	AUGUST
Class #1:	\$42
Class #2:	\$74
Class #3:	\$96
Class #4:	\$108

CARDIO ONLY	
2022 SUMMER	AUGUST
Class #1:	\$24
Class #2-UNLIMITED	\$40

***10% DISCOUNT: Seniors, EMS, LEOs, Military**

SHOWCASE RULES & EXPECTATIONS, COSTUMES FEES

FOR FALL/WINTER & SPRING SEMESTERS ONLY

COSTUME FEES: \$85 per semester per class, shoes & tights for Showcase not included. Once costumes are ordered, they are non-refundable and may need to be altered. Alterations are the responsibilities of parent/dancer. If a student is not going to participate in Showcases for any reason, the instructor must be notified AT LEAST three months prior to performance or costumes will be ordered at the parents' expense and fees due regardless. Costumes are ordered no later than 10 weeks prior to show, and routines are staged based on students in class, so this commitment is very important.

PERFORMANCES: All kids are expected to perform. Adult dancers are encouraged, but not required, to perform. Students may not be allowed to perform if they miss any classes during the four weeks prior to Show. Performances may be rescheduled or cancelled. Tickets, costumes, etc., are nonrefundable once purchased. Attendance of classes, payment of tuition, and purchase of costumes is not a guarantee of performance opportunity. Show staging is at the sole discretion of our director and instructor(s). Membership tuition must be up to date to perform. Dancers will also not be allowed to perform without all pieces of costuming, properly-fitting shoes, clean tights or gi, etc.

All dress rehearsals are mandatory. Students missing dress rehearsals will not participate in Show. Stage rehearsals are "closed." Parents are not permitted in auditorium or back stage during dress rehearsals, unless signed up as a volunteer ahead of time. Parents must be present in the lobby to help with bathrooms, costuming, etc., during dress rehearsal, and to supervise dancers prior to and immediately after each performance. Dancers must bring all costuming and dancewear, water and healthy snacks (to be eaten in the lobby; no food backstage,) to rehearsals and performances at the theatre. Dancers are required to wear assigned cover-ups on rehearsal and performance day(s) while in public if wearing costumes on the way to (or in) the theatre prior to final performances. PLEASE CLEAR SCHEDULES FOR SHOWCASE WEEK.

MANDATORY DRESS CODE

ALL CLASSES: Hair secure, bring water, no gum, no loose jewelry (earring studs are ok)

KIDS BALLET: Leather-type shoes, NO CANVAS

Boys- black ballet shoes, black sweatpants, plain or studio t-shirt or tank top, "dance belt" if wearing tights or form-fitting pants (mandatory for intermediate and advanced dancers)

Girls- pink slippers, white or pink dance tights, black or pink leotard; bun; leg warmers/skirt ok

ADULT BALLET: Adults are encouraged to strive for adherence to the dress code because it includes pieces that protect muscles & allows dancers & teachers to better evaluate form & alignment. However, it is most important to us that you be comfortable and able to move, so it's really up to you.

KARATE: Gi pants, TDFS Gi top or studio t-shirt, uniform belt for current level; barefoot

TAP: Black, Oxfords, no heels; exercise clothes; screws in taps, not nails

JAZZ & TUMBLING: Black, leather-type slip-on shoes, no canvas; exercise clothes

Model Release

For Consideration herein acknowledged as received, and by signing this release I hereby give the Photographer / Filmmaker and Assigns my permission to license the Content and to use the Content in any Media for any purpose (except pornographic or defamatory) which may include, among others, advertising, promotion, marketing and packaging for any product or service. I agree that the Content may be combined with other images, text, graphics, film, audio, audio-visual works; and may be cropped, altered or modified. I acknowledge and agree that I have consented to publication of my ethnicity(ies) and gender as indicated below, but understand that other ethnicities or gender may be associated with me by the Photographer/Filmmaker and/or Assigns for descriptive purposes.

I agree that I have no rights to the Content, and all rights to the Content belong to the Photographer/Filmmaker and Assigns. I acknowledge and agree that I have no further right to additional consideration or accounting, and that I will make no further claim for any reason to Photographer/Filmmaker and/or Assigns. I acknowledge and agree that this release is binding upon my heirs and assigns. I agree that this release is irrevocable, worldwide and perpetual, and will be governed by the laws (excluding the law of conflicts) of the country/state from the following list that is nearest to the address of the Model (or Parent*) given opposite: New York, Alberta, England, Australia and New Zealand.

It is agreed that my personal information will not be made publicly available but may only be used directly in relation to the licensing of the Content where necessary (e.g. to defend claims, protect rights or notify trade unions) and may be retained as long as necessary to fulfill this purpose, including by being shared with sub-licensees/assignees of the Photographer/Filmmaker and transferred to countries with differing data protection and privacy laws where it may be stored, accessed and used. I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release.

Definitions: "ASSIGNS" means a person or any company to whom Photographer/Filmmaker has assigned or licensed rights under this release as well as the licensees of any such person or company. "CONSIDERATION" means \$1 or something else of value I have received in exchange for the rights granted by me in this release. "CONTENT" means all photographs, film, audio, or other recording, still or moving, taken of me as part of the Shoot. "MEDIA" means all media including digital, electronic, print, television, film, radio and other media now known or to be invented. "MODEL" means me and includes my appearance, likeness and voice. "PARENT" means the parent and/or legal guardian of the Model. Parent and Model are referred to together as "I" and "me" in this release, as the context dictates. "PHOTOGRAPHER/FILMMAKER" means photographer, illustrator, filmmaker or cinematographer, or any other person or entity photographing or recording me. "SHOOT" means the photographic, film or recording session described in this form.

Photographer/Filmmaker Information

Name (print) _____

Signature _____

Date Signed (DD/MM/YEAR) _____

Shoot Date _____

Shoot Country & Region/State _____

Shoot Description/Ref. (if applicable) _____

Attach Visual Reference of Model here:

(Aligned to top right-hand corner if larger than box.)

For example, Polaroid, driver's license, print, photocopy, etc.

Model Information

Name (print) _____

Date of Birth (DD/MM/YEAR) _____

Gender [] male [] female or [] I identify as _____

Model (or Parent*) Information

Residence Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Phone _____ Email _____

Signature _____

Date Signed (DD/MM/YEAR) _____

*If Model is a minor or lacks capacity in the jurisdiction of residence, Parent warrants and represents that Parent is the legal guardian of Model, and has the full legal capacity to consent to the Shoot and to execute this release OF ALL RIGHTS IN MODEL'S CONTENT. If you are a parent signing in this capacity, please enter your details above and your name below.

Parent Name: _____
if applicable

Additional information to be completed by Model: (Optional)

Ethnicity information is requested for descriptive purposes only, and serves as a means of providing more accuracy in assigning search words.

___ Asian – circle all that applies to you:

(Chinese, Indian, Japanese, Korean, other)

___ Caucasian, White ___ Hispanic, Latin

___ Middle Eastern ___ Native American ___ Pacific Islander

___ Black ___ Mixed Race ___ African American

Other: _____

Witness to Model's signature (NOTE: All persons signing and witnessing must be of legal age and capacity in the area in which this Release is signed. A model or photographer cannot witness one's own release. A witness signature is strongly recommended.)

Name (print) _____

Signature _____

Date Signed (DD/MM/YEAR) _____