## TM Dance & Cheer Consulting, Inc. **Registration Form** Date: \_\_\_\_ Child's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Address: City: State: Zip: School: Parent responsible for transportation to/from lessons: Parent Email: \_\_\_\_\_\_ Work #:\_\_\_\_\_\_ Work #:\_\_\_\_\_ Emergency Contact Name: Cell Phone #: Work #: In the case of an emergency, may we call an ambulance? Yes\_\_\_\_\_ No\_\_\_\_\_ Insurance Company\_\_\_\_\_\_ Policy Holder \_\_\_\_\_ Policy #\_\_\_\_\_ Be it known that I agree to purchase from: TM Dance & Cheer Consulting, Inc. the following described items: **Class Name:** Number of Sessions per week: \_\_\_\_\_ Total purchase price: \_\_\_\_\_ **Total Paid:** The total amount shall be paid in full one week prior to the start of lessons. Lessons will be held on (day/s) \_\_\_\_\_from (time) \_\_\_\_pm to \_\_\_\_pm, beginning (dates) \_\_\_\_\_ and All payments are final. Payments are non-refundable and non-transferable. By permitting my child to participate in any of TMDC, Inc.'s activities, I understand that participation involves a certain degree of risk of injury to participant. I agree to assume such risk, and hereby release TM Dance & Cheer Consulting, Inc., its owners, employees, jointly and separately, from any and all personal injury claims arising through or from participation in activities as a student of TM Dance & Cheer Consulting, Inc. I also understand that I am expected to carry accident and/or medical insurance on the above registered student and/or myself and that such insurance is not provided by TM Dance & Cheer Consulting, Inc. I will also provide updates to any above information in a timely fashion. I understand by signing this form that my personal information will be kept confidential and will not be given to other companies for their marketing and promotion but may be used to receive TMDC marketing and promotion information. I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ABOVE. Accepted by: Parent or Legal Guardian Signature Witnessed by Owner/Staff member, TMDC [Date] [Date]