



## REGISTRATION

STUDENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SCHOOL/GRADE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ CELL  
PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(other than parent)

DANCE EXPERIENCE:  
(WHERE) \_\_\_\_\_ (NO. OF YEARS) \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

### HOLD HARMLESS CLAUSE

I, the parent or guardian of the registrant, a minor intending to be legally bound hereby agree to indemnify and hold harmless, Tammy's School of Dance, its members and its contracted instructors, from any and all liability for personal injuries and personal property damage or loss in connection to the dance lesson program at 10994 Perry Highway, Wexford, PA.

### CONSENT FOR MEDICAL TREATMENT

As the parent or guardian of the registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

I agree to the Dance School policies, Hold Harmless Clause, and Consent for Medical Treatment as stated above.

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- You have my permission to use my child's photo in print or on TSD website.