

Summer (Day) Camp Registration Form

Date: _____

Child's Name: _____ DOB: ____ / ____ / ____ Age: _____ Grade: _____

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

School: _____

Parent responsible for transportation to/from lessons: _____

Parent Email: _____ Cell Phone #: _____ 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:

Summer (Day) Camp

Number of weeks: July 11-15

Total purchase price per week: \$185

Total Paid: _____

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]

Payment Method: Cash: _____ On-line: _____