



Registration Form 2022-2023 Dance Season

Dancer Name: _____

Birthdate: _____ Age: _____

Parent's/Guardian's Full Name _____

Phone Number: _____ Email: _____

Address: _____

Registration Fee: _____ Tuition fee per Month: _____

Registered for the following class/classes: _____

I am aware that all tuition is due by the 1st of the month. If tuition is later than the 8th I have to pay a \$15 late fee. (Parent's/Guardian's initial) _____

I am aware that all tuition/payment has to be paid up to date in order for me to purchase Recital Tickets. If tuition/payment is behind I will not be able to purchase my Recital Tickets until payment is taken care of. This also applies to your child's costumes. You will not be allowed to take your child's costume home until it is paid in full. (Parent's/Guardian's Initial) _____

Credit Card Payment Authorization

Tuition will be charged to the card below on the first of every month.

Cardholder's Name _____

Card Number _____

Expiration Date: _____ Billing Zip Code: _____

I authorize Triple Threat Performing Arts Company to charge the above agreed tuition to the card listed above on the first of every month.

(Parent Signature)

Triple Threat Performing Arts Company
Informed Consent for Children's Dance Class 2022-2023

Child's Name: _____ Child's Date of Birth: _____

Mother's Name: _____ Father's Name: _____

The dance/acro session your child will be involved in at Triple Treat Performing Arts Company will consist of a warm-up portion and a dance technique portion. The exercise and dance/acro steps consist of movements which utilize small and large muscle groups. The dance/acro steps will include stationary and traveling movements. During this session your child may experience local muscular soreness and slight fatigue. These minor discomforts may appear in the early stages of the program, however as the conditioning process continues with regular attendance in the dancing/acro session, they should disappear.

I (Parent/Guardian's Name) _____ volunteered my child _____ to participate in a program at Triple Threat Performing Arts Company of progressive physical exercise/dance/acro. I waive any possibility of personal damage which may be blamed on such a program, instruction, or facility in the future and accept the full responsibility for requesting such dance/acro classes and assistance for my child.

I (Parent/Guardian's Name) _____ have completed the Triple Threat Performing Arts Company Medical form and to my knowledge my child _____ does not have any limiting physical condition or disability which will preclude a dance program. (Refer to Medical Form)

I (Parent/Guardian's Name) _____ have answered the preceding questions to the best of my ability. I understood all the questions asked about my child and have given the opportunity to have any of my concerns clarified to satisfaction. I further understand that a thorough and honest response to these questions is essential to the safety and prudent recommendation from the Fitness/Dance/Acro Director. I have volunteered my child _____ to participate in the dance/acro classes and assistance for my child.

I (Parent/Guardian's Name) _____ will not hold Triple Threat Performing Arts Company responsible for any injuries my child _____ or myself.

I (Parent/Guardian's Name) _____ will not hold Triple Threat Performing Arts Company, Director, staff, faculty, or any employee responsible for any injuries that may occur during the dance season to my child _____ or myself.

I (Parent/Guardian's Name) _____ am allowing Triple Threat Performing Arts Company to take photographs/videos of my child. I am allowing Triple Treat Performing Arts Company to use any photographs/videos of my child _____ to be put on Facebook, Instagram, TTPAC website, or be used for any advertisement for the studio.

Parent/Guardian's Signature

Triple Threat Performing Arts Company, Director



Triple Threat Performing Arts Company

Medical Form/Contact Information

Date: _____ Child's Name _____

Child's Date of Birth: _____

Mother's Name (Or Guardian): _____

Contact Number: _____ Email: _____

Address: _____

Father's Name (Or Guardian): _____

Contact Number: _____ Email: _____

Address: _____

Person to contact in an Emergency: _____

Relationship: _____ Phone: _____

Is your child presently under a Doctor's care? (Circle) Yes No
If yes, what is his/her name, phone, and reason for care?

Does your child have any heart conditions, asthma, allergies, or any lung conditions? (Circle) Yes No
If yes, please specify.

Is your child on any medication now? (Circle) Yes No
If yes, please specify.

Assumption of the Risk and Wavier of Liability Relating to Coronavirus/COVID-19

Date signed _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to be spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have in many locations, prohibited the congregation of groups of people.

Triple Threat Performing Arts Company (“TTPAC”) has put into place preventative measures to reduce the spread of COVID-19, however, TTPAC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending TTPAC could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed or infected by COVID-19 by attending TTPAC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that such risk of becoming exposed to or infected by COVID-19 at TTPAC may results from the actions, omissions, or negligence of myself and others, including, but not limited to, studio employees, volunteers, and TTPAC program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at TTPAC or participation in TTPAC programming (“Claims”). On behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless TTPAC, it’s employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of TTPAC, it’s employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any TTPAC program.

I understand and give permission that my child is required to wear a mask inside and outside TTPAC and while dancing. TTPAC will allow monitored breaks throughout class or when the dancer needs.

Name of participant: _____

Parent (Guardian): PRINT _____

Signature: _____