

DGA Tampa Student Information Form 2018/19

Student Name(s):		Age:		Birthdate:	
		Age:		Birthdate:	
		Age:		Birthdate:	
Address:					
City:		State: FL		Zip Code:	
Name of Insurance Carrier: _____				Policy #: _____	
Parent/Guardian Information:					
Mother's Name:				Occupation:	
Father's Name:				Occupation:	
Other:				Relationship to Child:	
Home Phone:		Work Phone:		Cell Phone (Mother):	
Primary Email Address:				Cell Phone (Father):	
Primary Email Address:				Other Phone:	

Please Note: It is extremely important to include cell phone numbers if you do not plan to be in attendance during your child's dance/gymnastics/tumbling classes. In case of an emergency or an injury if a parent is not present and cannot be reached, 911 will be called to aid and assist your child. It is also important to include an email address. This email address will be used to set up your online account, which will allow you to pay your tuition online. Privacy Notice: The above information will be used by the Dance and Gymnastics Academy of Tampa exclusively. This information will not be distributed to any other parties.

As a parent and/or guardian of _____,

I hereby consent to my child participating in The Dance and Gymnastics Academy of Tampa's programs. I recognize that injuries, even severe or fatal injuries, can occur in any activity involving height or motion. I hereby release The Dance Academy, Inc. dba The Dance and Gymnastics Academy of Tampa, its owner, instructors, employees, volunteers and property owner from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of the Dance and Gymnastics Academy of Tampa. I understand that my child must be covered by personal health insurance as the insurance carried by The Dance Academy, Inc. and the property owner will NOT cover medical expenses incurred due to injuries suffered by my child at The Dance and Gymnastics Academy of Tampa.

Please Complete and Initial All Items Below:

- Are there any medical conditions that we should be aware of? _____
- I have **received, read and agree** to policies and procedures of The Dance Academy, Inc.
- I understand that payments must be received by the 25th of the month prior to remain actively registered.
- I understand that I will receive discounted tuition by enrolling in the debit/credit authorization program in which my monthly tuition will be debited on the 15th of the month prior.
- I authorize The Dance and Gymnastics Academy of Tampa to use, in perpetuity, the participants likeness, voice or performance which has been recorded on tape, film, or other media. This information will be used for (1) instruction; (2) general education; or (3) entertainment purposes. Publications may include but are not limited to: cable television productions, videos, brochures, pamphlets, DVD, CD-ROM programs, or web pages.

I understand that students may not participate in class for the following: Unacceptable behavior, dress code violations or tuition unpaid by the 1st of the month. I fully understand and agree to comply with all of the policies, rules and regulations outlined in this packet.

Parent/Guardian Signature: _____

Date: _____

For Office Use Only:

Student's Name:	Class Code:
Student's Name:	Class Code:
Student's Name:	Class Code:

 Preview Class:

 Registered:
Fall 2018/Spring 2019

Month	Payment Date:	Check/CR/CC Receipt Number	Amount:	Monthly Tuition:	Notes:
Registration Fee					
August-18					
September-18					
October-18					
November-18					
December-18					
January-19					
February-19					
March-19					
April-19					
May-19					
June-19					
July-19					
August-19					
Costume Fee					
Recital Fee					