

107 Edinburgh S. Dr. STE 123

Cary, NC 27511

919-380-2185

**Teen Ballroom Dance Intensive 2014 Registration Form**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (B): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? Friend: \_\_\_\_\_\_\_\_\_\_\_\_\_Internet Flier Event Other\_\_\_\_\_\_\_\_\_\_

**Tuition Fees:**

Registration Fee: $50.00. Individual Weeks @ $170.00 each

2 Consecutive Weeks @ 160.00 each 3 Consecutive Weeks @ $150.00 each

(ALL fees to be paid prior to start of intensive to qualify) ALL Payments accepted by phone, Call 919-380-2185.

**July 14-18**

**July 21-25**

**July 28-Aug. 2**

**Waiver:** I do hereby release Dancing Every Day Inc. D/B/A Fred Astaire Dance Studios and all of its affiliates in any capacity for any liability due to injuries, etc that I may obtain as a result of my attendance or participation in any and all dance classes at Fred Astaire Dance Studios or any special events associated with this camp. I clearly understand that participation in this class will involve dance and bodily exercise and movement with rigorous activity. I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate in the camp for which I have registered and that I have the medical coverage or personal means to cover the expenses related to any injury that I might receive as a result of my participation.

**Parent/Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent or Guardian Signature if under 18 years of age).**

**Media Release Form:**

I hereby grant to Fred Astaire Dance Studios, and its affiliates, the right to take photographs, videos and other forms of media of me and my property in connection with the studio, studio events, and Fred Astaire sponsored events. I authorize Fred Astaire Dance, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Fred Astaire Dance Studios may use such photographs, videos, and other media of me for any purpose, such as publicity, illustration, advertising, and Web content.

**Parent/Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent or Guardian Signature if under 18 years of age).**

**Parent Code of Conduct:**

**Dance Class:** Parents are welcome to stay in the dance room and observe class. Please keep noise to a minimum. Parents may not coach or correct children during class. Spectators may use No flash photography or video during class.

**Late Fee:** There will be a $20.00 late fee for pick up after 11:15pm, assessed for each occurrence.

Legal Guardian Pick-up Information:

(Note: Legal Guardian information **must** be on file to release any participant under 18.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All registration forms can be filed via Email fredastairecary@gmail.com or Fax 919-380-2186.