



**Titusville Ballet
& Jazz Center
Registration Form**

Student Name: _____

Primary Phone #: _____

Parents/Guardians: _____

E-mail: _____ 2nd Phone: _____

Address: _____ 3rd Phone: _____

City: _____ Zip: _____

Student Date of Birth: _____ Age: _____

Any Physical/Medical Conditions we should be aware of? If yes, please explain:

The undersigned hereby represents he or she is the Natural Parent or Legal Guardian of _____ and consents to said minor's participation in programs and/or activities of the Titusville Ballet and Jazz Center, Inc. (TBJC). In exchange for TBJC allowing said minor to participate in program and/or activities, the undersigned assumes all risks and hazards incidental to the conduct of this said activity, whether of negligence, action or inaction by TBJC or its staff or volunteers or practices, and/or transportation to and from activities. The undersigned assumes all risks and hazards during classes or practices and or transportation to and from those events. The undersigned expressly acknowledges that he or she releases TBJC and its staff and volunteers from all liability for any injury, loss or damage connected in anyway whatsoever to participation at TBJC activities whether on or off TBJC premises. The undersigned acknowledges that the participation in the activity involves risk.

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. By visiting Titusville Ballet and Jazz Center, you voluntarily assume all risks related to exposure to COVID-19.

I give TBJC permission to photograph or videotape my son/daughter for use in any promotional purpose.

I acknowledge that I have read and am voluntarily signing this authorization and release and I understand that payment for all classes is due the FIRST week of EACH MONTH and that a LATE FEE of \$10 will be assessed after the 15th of the month if payment has not been received.

Date: _____ Parent/Guardian _____

Registration Fee (\$25) received on _____ Cash/Credit Card/Check # _____

CLASS	DAY-TIME	INSTRUCTOR
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

TOTAL HOURS: _____

TOTAL MONTHLY FEE: _____

