



# THE DANCE COMPANY

*The Studio of choice for over 40 years*

To reserve your place in class, please complete this registration form and bring or mail it along with the registration fee and your first month's tuition.

3131 Draper Drive  
Fairfax, VA 22031

Office (703) 385-8838  
Voice/FAX (703) 385-3535

[www.tdcdance.com](http://www.tdcdance.com)  
tdcdancers@gmail.com

Student's Name: \_\_\_\_\_ Date of Birth (if under 18): \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name (if under 18): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

How did you hear of us?

Returning Student  Ffx County  Yellow Pages  Other (pls state)  Referral (please state by whom) \_\_\_\_\_

Dance Experience: \_\_\_\_\_

Do you have any medical conditions (i.e., back, knee, pregnancy) that the staff/teacher needs to be aware of? YES / NO

If YES, please explain: \_\_\_\_\_

I understand that effort will be made to assure safety during participation in The DANCE Company activities, and therefore waive, release, and hold harmless The DANCE Company and its employees from liability or claims resulting from any injury to myself and/or my child due to our participation.

\_\_\_\_\_  
Signature (Student or Parent/Guardian if under 18)

\_\_\_\_\_  
Date

## PHOTO RELEASE

I (or my Parent/Guardian if I am under the age of 18), \_\_\_\_\_, hereby acknowledge participation in photo shoots by The DANCE Company and /or their representatives, including the use of my image likeness, resemblance, or any feature of my representation. In consideration for being in the photo shoots, I am not making or will not make future claims for compensation, remunerations, or favors — I am willfully participating voluntarily. The DANCE Company, its subsidiaries, or any other entity, people or person it desires, may use this photography for any reason, including but not limited to, promotional, commercial, or personal use. The DANCE Company, its subsidiaries, and representatives, are indemnified against any lawsuit, claim, or action that may arise regarding this photography.

\_\_\_\_\_  
Written Name (Student or Parent/Guardian if under 18)

\_\_\_\_\_  
Signature (Student or Parent/Guardian if under 18)

\_\_\_\_\_  
Date

I choose not to participate.

\_\_\_\_\_  
Written Name (Student or Parent/Guardian if under 18)

\_\_\_\_\_  
Signature (Student or Parent/Guardian if under 18)

\_\_\_\_\_  
Date

## Office Use Only:

Class Code: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_ Registration paid: \$ \_\_\_\_\_ Tuition paid: \$ \_\_\_\_\_ Rcvd by: \_\_\_\_\_

Classification: P / E / T / A

Reviewed School Policies: \_\_\_\_\_

Signed Releases: Participation \_\_\_\_\_ Photo \_\_\_\_\_