



www.ocdta.com

Student Name: _____ Age: _____ Birthdate: _____

Street Address: _____ City: _____

Email Address: _____ Home Telephone: _____ Cell: _____

Parent/s Names: _____ Work Telephone: _____

Are there any medical conditions OCDTA needs to be aware of? _____

By signing this registration form you agree to adhere to the rules and tuition policies of OCDTA.

Tuition is due the first week of every month. A late fee of \$5.00 will be added each additional week of the month.

Full tuition is due every month regardless of holidays. Make up classes may be taken for all missed classes.

Tuition is non refundable and non transferable.

We reserve the right to refuse service or admittance to anyone.

I give my permission for photographs or video footage that includes my child to be used for promotional purposes in any media form.

Insurance Waiver and Release:

I give my permission for OCDTA staff to call a doctor in the event of an emergency. I recognize the risks of injury inherent in any dance exercise program and I am participating in the OCDTA's program upon the express agreement and understanding that I am waiving and releasing OCDTA from any and all claims, costs, liabilities, expenses, judgments, including attorneys fees and court costs (herein collectively "claims") arising out of my participation in OCDTA's instructional programs, performances, and/or rehearsal participation and any and all participation in any event or program given or sponsored by the OCDTA or any illness or injury resulting there from. I hereby further agree to indemnify and hold harmless the OCDTA from and against all such claims except claims caused proximately caused by the gross negligence or willful misconduct of the OCDTA.

Parent Signature: _____ Date: _____