

PLEASE READ To register for classes at Talent Factory, read the student handbook and fill out the form below to get started. Payment of the first and last month tuition installments are required with the signed registration form to reserve class space. It takes many hours and man-power to coordinate the schedule and class spaces are limited; therefore this payment is non-refundable. There is no registration fee.

STUDENT INFORMATION 2017-18

First _____ Last _____

Date of Birth _____ Age _____ Gender _____

School Grade ---PRE K 1 2 3 4 5 6 7 8 9 10 11 12 College n/a
School _____

Primary Phone _____ Student's cell (if applicable) _____

Street _____

City _____ State _____ Zip _____

Email (primary source of communication from us!)

Previous Dance/Theatre Experience: _____

Has your child ever been enrolled in Talent Factory Camps/Classes? YES NO

Details: _____

Tell us how you heard about Talent Factory: _____

Are you interested in finding out more about Company (competition team) for the 2018-19 season? YES NO

Please select ALL of the classes you wish to enroll in: (refer to ages in registration packet)

JAZZ TAP BALLET HIP-HOP MUSICAL THEATER TINY TOT THEATER/ACTING
POINTE (TEACHER REFERRAL) ACRO (TEACHER REFERRAL) LYRICAL (TEACHER REFERRAL)

PAYMENT AGREEMENT:

I have read the student handbook and understand that my yearly tuition total for the child listed above is \$_____ (paid in 10 monthly installments Sept 2017-June 2018) in the amount of \$_____/month for 10 months and is due on or before the 1st of each month . I understand that my child will not be enrolled in classes until I have paid the first and last month's tuition payments. I acknowledge my responsibility in paying all monthly tuition payments, late/return check fees and court costs (if applicable), any associated costumes, dance shoes, t-shirts, tights, entry fees for performances and all other communicated costs involved. **PLEASE INITIAL** _____

- _____ I prefer to pay for tuition on a monthly basis.
- _____ I have included the entire year's tuition upon enrollment. (apply 10% discount = one month FREE)
- _____ I have included pre-written post-dated signed checks for each month to be deposited.
- _____ Please use the following credit card below to charge my tuition (Auto Bill) on a monthly basis. I understand that my card must be presented once to the office manager with my enrollment payment. If I receive a new card, it is my responsibility to notify TFAD.

_____ exp ___/___ 3 digit _____
zip _____

Visa MC AMEX Discover Name as it appears on card: _____

I would like a receipt sent to me via TEXT # _____ or EMAIL _____

DO NOT WRITE BELOW THIS LINE – ADMINISTRATIVE USE ONLY

.....
SEPT _____ OCT _____ NOV _____ DEC _____ JAN _____ FEB _____ MAR _____ APR _____ MAY _____
_JUNE _____

EMERGENCY CONTACT INFORMATION

Child's Last Name _____ Child's First Name _____

Parent 1 Name _____ Cell # _____ Work # _____

Home Phone # _____ Email _____

Parent 2 Name _____ Cell # _____ Work # _____

Home Phone # _____ Email _____

Emergency Contact if parents are unreachable: Name _____

Relationship to student: _____ Cell # _____

Home Phone # _____ Work # _____

Student Medical Information we should know about (ex. Asthma, ADHD, diabetes): _____

Allergies: _____ Medications _____

Insurance Company: _____ Policy Number: _____ Policy Holder: _____

By signing below I understand that with any physical activity there are inherent risks for personal and bodily injury to the persons who are being taught. I will not hold Talent Factory, it's staff, owners, agents, or representatives responsible for any injuries or loss whatsoever to anyone in my family while on the premises, traveling to or from the facilities, or at any Talent Factory sponsored event, competition or performance. It is my understanding that Talent Factory will attempt to notify me in case of a medical emergency involving my child. If Talent Factory cannot reach me or my child's above listed Emergency Contact, then I authorize Talent Factory to call an ambulance, hire a doctor or healthcare professional, and I give my permission for the doctor or other health care professionals to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred. I will notify Talent Factory if I feel there are health considerations that should arise through the school year that may prevent my child from participating in Talent Factory classes or activities. This release shall apply to any of the said activities. I understand that this release is to be as broad and inclusive as permitted by and shall be governed by the law of the State of Indiana. I further declare and represent that no promise, inducement or agreement not herein expressed has been made to me, the undersigned, and that this release contains the entire agreement between the parties hereto, and that the terms of this release are contractual and not a mere recital. I agree to hold Talent Factory, all related staff, owners, agents, employees, and representatives therefore forever free of liability of any such injury or loss sustained through participation and agree that my medical insurance will cover any related expenses. I have received a copy of the Talent Factory Student Handbook and I have read, understand, and agree to adhere to all content stated including but not limited to: tuition and payment information, dress code, calendar, and studio policies. I will not attempt to override the Studio Director's decisions or authority at recitals, rehearsals, conventions, competitions, performances, or any other event; or in regard to placement, costumes, or choreography. I will respect the Studio Director's final say in all artistic and professional decisions. I agree to abide by the payment agreement on the other side of this form. I acknowledge that all fees are non-refundable, non-transferable. I am aware that my account must be completely paid off by May 8, 2018 for my child to participate in the spring recital and understand that my child will not receive their costumes, shoes, tights, or other items until my account is paid in full. I understand that I am responsible for paying all late fees,

return check fees, and collection or court costs incurred for non-payment. I agree to be responsible for reading studio correspondence and respecting deadlines. I also give permission for Talent Factory to copyright, use my child's voice, likeness, and photos in connection with activities relating to my child's participation including the internet, social media, printed materials, videos, etc. THE UNDERSIGNED HAS READ THE FOREGOING RELEASE, FULLY UNDERSTANDS IT AND AGREES TO PARTICIPATE ACCORDINGLY.

Signed this _____ day of _____, _____

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian