



TC Dance Academy 2025 Summer Dance Camp Registration Form
810 Commerce Drive Kendallville, IN 46755

Please read and fill out this form completely. Please print.

Today's Date: _____

Students Last Name: _____ First Name _____

Date of Birth: ____/____/____ Age: _____ Sex: _____ F _____ M

Check the Camp you wish to attend:

*Summer Dance Camp: **Cost: Early Bird (NOW to May 14th): \$160 | (May 15th-July 1st): \$175**

Ages 6-10 (July 13th-16th: 9am-12pm) ☐

*Summer Combo Class: **Cost: \$75**

Ages 3-5 (July 13th-16th: 11am-11:45am) ☐

Parent Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Work Phone: () _____ - _____ Ext _____

Email : _____

Emergency Contact _____

Please list any medical conditions or learning problems we should be aware of _____

Consent for Use of Photograph

I grant to TC Dance, Academy for the Performing Arts, Tri County Dance Academy Inc., and its representatives, assignees and employees the right to use photographs of me and my property in connection with TC Dance. I authorize the above companies its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that the above companies may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Waiver

I understand that a physician should approve any form of exercise. It is agreed that I waive and release all rights and claims for damages that I and/or my child might have against Tri-County Dance Academy, Inc.; TC Dance, Academy for the Performing Arts; any of the instructors, Staff or any representative(s); for any injury in connection with the Company programs and other activities relating to such programs including but not restricted to competitions, performances, field trips and recitals. The risks of such programs are fully understood. I understand I am responsible to maintain insurance or pay for medical expenses incurred. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, injections or medications for my child.

Payment Policy

1. A \$50.00 deposit must be submitted with this form. Remaining camp fee is due July 13, 2026. This fee will be refunded if no class is offered. Fee will not be refunded if a class is offered, and your child does not participate.
2. There will be a \$25.00 service charge if the bank returns a check or the funds on automatic withdrawal are not available.
3. The studio is not responsible for providing before or after class care for students. Parents with students under the age of 5 must remain at the studio during classes. Food and drink are only allowed in designated areas.

I have read and understand the above policies and procedures and agree to abide by them.

I am the responsible party for all expenses incurred by the registrant.

Today's Date: _____ Parent or Guardian _____