



FALL REGISTRATION 2017/ 2018

City Membership # _____ (Memberships must be valid through the TDA dance season)

Person responsible for billing: Last Name: _____ First Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Primary email: _____

Parent 1: Last Name: _____ First Name: _____

(if different than billing) Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ **Email:** _____

Parent 2: Last Name: _____ First Name: _____

Phone: _____ Email: _____

Returning Student / Year started with Tutterow _____ New Student

How did you hear about Tutterow Dance Academy?

Play Mag Billboard Leader/Beacon Postcard Friend Car Decal Other _____

Dancer's Name: _____ AGE: _____

Birth Date: ___/___/___ M / F School: _____ Grade: _____

Dancer's Email: _____

Medical Alerts (if any): _____

WAIVER: I hereby release and hold harmless TUTTEROW DANCE ACADEMY City of Largo, TUTTEROW STARS OF TOMORROW, the instructors, sponsors and event locations from any and all claims or liability due to personal injury or loss of property which I (or my child) may sustain as a result of participating in any activity connected with TUTTEROW DANCERS. I grant TUTTEROW DANCERS, INC., the right to use my child's image. THIS RELEASE IS GIVEN AND SIGNED OF MY OWN FREE ACT AND WILL.

Parent/Guardian Signature: _____ **Date:** _____

To Be filled out by Tutterow Staff:

1-Class _____ Day _____ Time _____

2-Class _____ Day _____ Time _____

3-Class _____ Day _____ Time _____

4-Class _____ Day _____ Time _____

5-Class _____ Day _____ Time _____

6-Class _____ Day _____ Time _____

7-Class _____ Day _____ Time _____

8-Class _____ Day _____ Time _____

9-Class _____ Day _____ Time _____