

Classes held at:  
Clarke County Recreation Center  
225 Al Smith Circle, Berryville, VA 22611

**Registration Form: Please mail completed form to:**

**Tiny Dancers LLC  
10875 Main Street  
Suite 113  
Fairfax, VA 22030**

Student's Name (last, first)\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Guardian\_\_\_\_\_Phone\_\_\_\_\_Cell\_\_\_\_\_

Student's Date of Birth\_\_\_\_\_Age\_\_\_\_\_

E-mail\_\_\_\_\_

Class Name/ Day/ Time\_\_\_\_\_

Class Name / Day / Time\_\_\_\_\_

Tuition \$\_\_\_\_\_ (no refunds)

Check #\_\_\_\_\_(\$25 returned check fee) Charge: Visa\_\_\_\_\_MasterCard\_\_\_\_\_

Name on Card\_\_\_\_\_

Account #\_\_\_\_\_

Expiration Date\_\_\_\_\_Verification #\_\_\_\_\_

Billing Address (if different from above)\_\_\_\_\_

1.) Although every effort is made to create a safe environment, I realize that there is a risk of accident or other injury in any physical activity. I hereby release and hold harmless Tiny Dancers LLC, its owners, employees, representatives, successors and assigns, from any and all liabilities or damages arising out of a personal injury of any kind. In addition, I authorize Tiny Dancers personnel to perform first aid/and or seek emergency medical treatment as necessary for my child.

2.) I hereby authorize Tiny Dancers to include my child in photographs or videos to be used for advertising, publicity and other promotional purposes of the Company or its assigns. I understand that Tiny Dancers will not use my child's name in conjunction with the photos without specific written permission.

3.) I certify that am the parent or legal guardian of the above named child. I am of legal age and have read and understand the release on this form

Signature\_\_\_\_\_

Date\_\_\_\_\_