

Classes Held At:
Alexandria Academy of Fine Arts and Science
311 North Washington Street Alexandria VA 22314

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_____