

Auditions 2022-2023
Student Registration Form
 This registration form must be
 completed in its entirety.



Audition Registration Form:

Student's Name:			
Address:			
City:	State:	Zip Code:	
Student's Age:	Birthdate:		
Parents/Guardian:	Parents/Guardian Email:		
Parent Home Phone:	Parent Cell Phone:	Emergency Contact Name:	Emergency Phone:
List any health or medical conditions the studio should be aware of:			
Previous training? (list past number of years)			
How did you hear about Tribe Dance Center?			
Friend(name) _____	Newspaper	Website	Flyer Other (specify)
Company Auditioning For:			
Mini (ages 3-5)	Petite (ages 5-7)	Junior (ages 8-11)	Teen (ages 12-15) Senior (ages 16+)
Reason for auditioning for Tribe Dance Company:			
Dancers please fill out the section below:			
Personal Goals for 2022-2023 Season:			
Team Goals for 2022-2023 Season:			
<p>I GRANT PERMISSION TO TRIBE DANCE CENTER, THE USE OF PHOTOGRAPHS OR VIDEO OF MY CHILD TO PROMOTE DANCE AND/OR THE DANCE STUDIO. ALL STUDENTS AND THE PARENTS/LEGAL GUARDIAN ARE AWARE OF POSSIBLE PHYSICAL INJURY THAT MAY OCCUR DURING DANCE/TUMBLING CLASSES, PERFORMANCES, REHEARSALS AND ARE WILLING TO ASSUME THOSE RISKS. IT IS AGREED THAT TRIBE DANCE CENTER, IT'S OFFICERS, DIRECTORS AND ASSOCIATES ARE NOT RESPONSIBLE FOR PERSONAL INJURY OR LOSS.</p>			
Parent/Guardian Signature:			Date:

Waiver/Release Form

I choose to participate in classes, performances, workshops, and other activities at Tribe Dance Center of my own free will and certify that I am in proper physical condition to take part in such activities.

If I have questions about whether an activity is suitable for me to pursue, I will consult my health care provider in making that decision. If I have any known physical vulnerabilities, conditions, or injuries, I agree to discuss them with the director before participating.

Photographic Release

I understand that Tribe Dance Center may take photo and video recordings of me during my participation in classes and activities. I convey to Tribe Dance Center full rights and interest in these recordings. I understand such recordings may be used in advertising or other published materials, physical or virtual.

If I do NOT consent to being photographed or video-recorded, I will make sure the director is aware of my concerns and the reasons for them, I will be proactive about avoiding being photographed or recorded, and I will hold Tribe Dance Center harmless if a photo or video recording of me is released despite all precautions. I understand that this choice may limit my participation in performances that are routinely photographed and/or videotaped.

Assumption of Risk

I understand that there are risks of physical injury associated with, arising out of, and inherent to dancing. These risks include the potential for slips and falls, sprains, strains, dislocations, soft tissue injuries, musculoskeletal injuries, podiatric conditions, and other risks not specified here.

Understanding these risks and the potential for others not listed, I agree to personally accept and assume all of the risks present in my participation at Tribe Dance Center. My participation at Tribe Dance Center is entirely voluntary, and I choose to participate in spite of the risks.

Dance education sometimes requires hands-on instruction as well as verbal instruction. Instructors may correct dancers by touching their arms, legs, feet, hips, back and head to move them in the correct position. I acknowledge that this is a common standard in dance instruction and understand that it is my responsibility to communicate clearly with my teacher and/or the director if any form of touch is unacceptable to me.

Release of Liability

By signing this document, I release Tribe Dance Center and their directors, owners, students, teachers, staff, employees, volunteers, associates from any liability or claim that I or my representatives may have against Tribe Dance Center with respect to any bodily injury, personal injury, illness, death, or property loss or damage that may result from my participation at Tribe Dance Center.

I voluntarily release and forever discharge and hold harmless Tribe Dance Center from any and all claims or demands for damages, loss of services, costs and expenses, injuries, attorney fees, and any other call for reparation from any and all injury to me or my property arising in any way from my participation in dance classes, camps, intensives, workshops, performances, troupes, the use of Tribe Dance Center equipment or facilities, and any activities associated with Tribe Dance Center.

Medical Emergencies

I understand that Tribe Dance Center does not assume any responsibility for or obligation to provide financial or other assistance in the event of injury or illness, including but not limited to medical, health, or disability insurance or support.

I authorize Tribe Dance Center to obtain necessary medical or dental treatment, including first aid, ambulance transport, hospitalization, or such other care necessary for my health and welfare in an emergency. If my insurance does not cover emergency treatment that is deemed necessary and sought for me by Tribe Dance Center, I agree to be responsible for and pay all costs incurred on my behalf.

I release and discharge Tribe Dance Center from any claim which may arise on account of any first aid, treatment, or service rendered in connection with my participation in Tribe Dance Center activities or with the decision by any representative or agent of Tribe Dance Center to consent to medical or dental treatment on my behalf in an emergency.

I understand that Tribe Dance Center does not carry or maintain health, medical, dental, or disability insurance coverage for any participant. I agree to take responsibility for full payment of any emergency medical or dental costs related to my Tribe Dance Center participation regardless of whether I have insurance coverage.

Payment Policy

Full monthly tuition is due by 7th of each month. Tuition is paid through automatic withdrawal from your credit or debit card account. We will accept cash, checks, or money orders for tuition payment if received by the 6th of the month.

Please write your child's name in the memo portion of the check. If you pay with cash, please ask for a receipt.

Please note: tuition is based on the season regardless of how many weeks are in a given month. Tuition payments average out to four classes each month. Tuition includes all classes, group choreography, and rehearsals.

Parent/Guardian Signature: _____ Date: _____