

# 2025 Tiny Dancer Registration Form

\*PLEASE PRINT CLEARLY

Tuesdays June 3<sup>rd</sup> – July 22<sup>nd</sup> 3:30-4:30 pm (No class July 1<sup>st</sup>)

[firstcoastcenterforthearts@gmail.com](mailto:firstcoastcenterforthearts@gmail.com) / [www.firstcoastcenterforthearts.com](http://www.firstcoastcenterforthearts.com)

904-247-5151

Dancer's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mom/Dad Phone (circle one) \_\_\_\_\_ Other # \_\_\_\_\_

Email \_\_\_\_\_

Please list any person(s) other than Parent/Guardian who is approved to pick up your child  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Release and Waiver of Liability** - I certify that my child is in good physical condition and can participate in the scheduled activities. I grant permission for the director of FCCA Inc. to act for me according to their best judgment in any emergency requiring medical attention. The undersigned releases and discharges FCCA Inc., and all employees exercising reasonable care within their scope of employment, from liability for any known and unknown, foreseen and unforeseen personal injuries.

\_\_\_\_\_  
Medical Concerns or Needs

\_\_\_\_\_  
Signature of Parent or Guardian      Date

**Photo Release** - I grant permission for FCCA Inc. and its employees to use photographs and/or video for use in promotional materials such as brochures and advertisements, and to use such photographs in electronic versions of the same publications or on FCCA Inc. website or other electronic forms of media. \_\_\_\_\_ (Initial if yes or write decline if no).

\*\*Full payment of \$180 is due at the time of registration. Payment is non-refundable.

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Zip Code \_\_\_\_\_ CVC# \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing, you are authorizing First Coast Center for the Arts to take a one-time payment for Summer Classes.

## Office Use

Total Amt. Due \$180    Total Amount paid \_\_\_\_\_    Date Paid \_\_\_\_\_