

**2023 Tiny Dancer Registration Form**

**\*PLEASE PRINT CLEARLY**

**Tiny Dancers at FCCA - Tues. June 13<sup>th</sup> - July 25<sup>th</sup> 3:30-4:30 pm**  
**(No class July 4<sup>th</sup>)**

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

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 Concerns or needs \_\_\_\_\_

**Medical Release and Waiver of Liability**

Application will not be complete until this form is signed and returned. I certify that my child is in good physical condition and can participate in the scheduled activities. I grant permission for the director of First Coast Center for the Arts Inc. to act for me according to their best judgment in any emergency requiring medical attention. The undersigned releases and discharges First Coast Center for the Arts Inc., and all employees exercising reasonable care within their scope of employment, from liability for any known and unknown, foreseen and unforeseen personal injuries.

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

\_\_\_\_\_  
Date

Photo Release- I grant permission for First Coast Center for the Arts Inc. and its agents or employees to use photographs and/or video for use in promotional and educational materials such as brochures, newsletters, advertisements and magazines, and to use such photographs in electronic versions of the same publications or on First Coast Center for the Arts Inc. website or other electronic forms of media, and to offer them for use or distribution. \_\_\_\_\_ (Initial if yes or write decline if no)

**\*\*Full payment of \$150 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 \$150

Total Amount paid \_\_\_\_\_ Date Paid \_\_\_\_\_