

2017
Registration Form



Student Name: _____

Address _____

(Street, City, Zip)

Parent #1 Name _____ Home phone # _____ Cell # _____

Parent #2 Name _____ Home phone # _____ Cell # _____

Emergency Contact: _____ Phone # _____ Relation _____
(other than above info)

Email: _____

Age by first day of session: _____ Birthdate: _____

List any Medical Conditions: _____

Check session(s)

___ Session 1: 9/16-10/14

___ Session 2: 10/21-11/18

___ Session 3: 11/25-12/23

Studio(s) attended: _____

How did you hear about All That Jazz Dance Studio?: _____

Can All That Jazz use a photo of student for advertisement purposes? Yes No

There will be a \$25 fee for any returned checks.

A credit will not be issued for any missed classes. No refunds once a session begins.

WAIVER OF LIABILITY

This agreement releases All That Jazz Dance Studio, LLC from all liability related to injuries that may occur on premises or during a performance. By signing this agreement, I agree to hold All That Jazz free from all liability including financial injuries incurred regardless of whether said injuries are caused by negligence. I also acknowledge the risks involved in dancing, cheer and gymnastics. I am participating voluntarily and all risks have been made clear to me. I agree that there are no pre-existing conditions that will increase my likelihood of experiencing injuries while engaging in these activities.

I have read the terms above and understand them. I further understand that signing this release, I voluntarily surrender certain legal rights.

Signature (of Parent or Guardian if under 18 years of age)