2018 Winter and Spring Program Registration Form



Student Nam	e:	
Address		
	(Street, City, Zip) me Home phone #	Cell #
Parent #2 Na	me Home phone #	Cell #
Emergency P	Phone #/Name/Relation:	
Email:		
Age:	Birthdate:	
List any Med	lical Conditions:	
Check Sessio	on(s): Session 1 begins January 27 Session	2 begins March 10Session 3 begins April 25
Check Class:	Gymnastics ages 3-5 Wednesday 9:30am	Hip Hop ages 6-12 Friday 7:15pm (session 1 only)
	Mommy/Me ages 2-3 Wednesday 11:15am	Ballet/Tap/Jazz ages 3-5 Saturday 9:00am
	Gymnastics ages ages 6-12 Wednesday 4:15pm	Ready, Stretch, Grow ages 1-2 Saturday 10:00am
	Hip Hop ages 3-5 Wednesday 4:15pm	Ready, Stretch, Grow age 2-3 Saturday 10:45am
	Adult Classes Wednesday 8:15pm	Ballet/Tap/Jazz ages 3-5 Saturday 1:45pm
	Ballet/Tap/Jazz ages 3-5 Thursday 10:30am	CheerDance ages 6-12 Saturday 2:30pm
Experience:	Check all that apply Dance (type of dance/# yrs) Gymnastics/Tumbling # yrs Cheer # yrs	
Studio(s) atte	ended:	
How did you	hear about All That Jazz Dance Studio?	
Can All That	Jazz use a photo of student for advertisement purposes?	Yes No
No credit giv checks.	ren for missed classes. Missed classes can be made up withi	n the same session. There will be a \$20 fee for returned
WAIVER OF	LIABILITY	
signing this agr caused by negli made clear to m	releases All That Jazz Dance Studio, LLC from all liability related to reement, I agree to hold All That Jazz free from all liability including fi igence. I also acknowledge the risks involved in dancing, cheer and gy ne. I agree that there are no pre-existing conditions that will increase no we read the terms above and understand them. I further understand that	nancial injuries incurred regardless of whether said injuries are mnastics. I am participating voluntarily and all risks have been by likelihood of experiencing injuries while engaging in these
Signature of I	Parent or Guardian	