

Dancin' Jazzi Registration

Date: _____

Student's Name: _____ Age: ____ DOB: __/__/__

Parent's Name(s): _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Emergency contact other than parents: _____

E-Mail Address: _____

Prior dance experience: _____

No Restrictions____ Restrictions as follows_____

The dance studio does not cover medical insurance for its students. Students must be carried by their own family's insurance policies. If an injury occurs, the parents and/or guardians understand that your policy is your only source of reimbursement.

Medical Insurance Covered by: _____

CONSENT TO PARTICIPATE, MEDICAL AUTHORIZATION and PHOTO RELEASE

I/We, the undersigned parent(s) or legal guardian(s) of the above-named minor wish to appoint Dancin' Jazzi Dance Studio staff to act in my place in my absence and to authorize emergency medical staff to render necessary aid. This document will be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above-named minor, from signing a consent or authorization to render such care. It is the intent that Dancin' Jazzi Dance Studio staff shall act on my behalf in making such decisions.

I understand that this form is in effect from the date signed and that it is my responsibility to inform Dancin' Jazzi Dance Studio staff of any changes to this form.

It is my understanding that this form also serves to establish my consent and permission for the above named minor to participate in dance classes and to be photographed for use by Dancin' Jazzi Dance Studio advertising and public relations, only.

\$35 student - \$45 family

Registration fee paid: \$_____ Cash_____ Check #_____ Date: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Signed: _____