

Student Registration Form

STUDENT INFORMATION

Name: _____
Address: _____
Age: _____ Birthday: _____
Phone #: _____
Email Address: _____

EMERGENCY CONTACT

Name: _____
Address: _____
Phone #: _____
Email Address: _____

2ND EMERGENCY CONTACT

Name: _____
Address: _____
Phone #: _____
Email Address: _____

PREVIOUS DANCE TRAINING

Forms of Dance: _____
Number of years: _____
Dance School Attended: _____
Additional Dance Experience: _____
How did you hear about our Studio: _____

SIGNING UP FOR/DESIRED CLASS SCHEDULE

Subject:

Day/Time:

Subject:	Day/Time:

MEDICAL HISTORY

Does the above student possess any medical conditions that the Jazzziak's faculty should be aware of? Y/N
If so, please specify in detail:

To the extent permitted by law, the person named below if eighteen or older in age, or the legal guardian of the person named below who is under eighteen in age, on behalf of said person, I do hereby waive any and all claims, release from all liability, and agree not to sue on behalf of myself, my children, my parents, my heirs, assigns, personal representatives estates as follows: Jazzziak's Dance School, its agents, officers, employees, student staff, or volunteers.
I accept all the inherent risks of participating at Jazzziak's Dance School. I understand and agree that Jazzziak's Dance School, its agents, officers and employees shall assume no responsibility or liability to me for accident, or loss of, damage to, personal property resulting from participation in the Jazzziak's Dance School activity.

Signature: _____ Date: _____