

Julie's Dance Studio, Ltd.
2010-2011 Registration Form

"Leaders in Dance Education Excellence Since 1985"

Form must be signed in two places & initialed in one place by parent/guardian
PLEASE print legibly!

Dancer's Name: _____ Age: _____ Grade in Fall: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

A lot of our correspondence will be received via email. We want to keep you informed, please make sure your email address is printed carefully.

Email Address: _____

Home Phone: _____

Contact Information:

Parent/Guardian Name: _____ Cell: _____ Rec txt msg? _____

Parent/Guardian Name: _____ Cell: _____ Rec txt msg? _____

Emergency Contact Name: _____ Emergency Contact Number: _____

In the event of an emergency, JDS will try to contact each parent first as listed above and then the emergency contact person

Medical History:

Please list ALL medical conditions JDS should be made aware of (including current medications taken, warning signs, etc.). Parents/guardians must keep JDS informed if any condition or related prescription changes. Please continue on separate sheet if necessary.

Past Dance Experience & Dance Awards:

Dance awards are based on information received by the parents (i.e.: 5, 10, 15 year study awards). Please make sure you provide all the necessary information.

Please list past experience in dance - include styles of dance, years completed and where:

Are you entering any dance milestones this season? (please circle): 5 yrs 10 yrs 15 yrs 20yrs

Requested Classes:

_____ Day _____ Time _____ Teacher _____ Day _____ Time _____ Teacher
_____ Day _____ Time _____ Teacher _____ Day _____ Time _____ Teacher
TV (which station): _____ Newspaper(which paper): _____

So that we can properly express our appreciation & track our advertising, please complete the following:

How did you hear about our studio? Please check all that apply:

Referral: _____ Flyer: _____ Radio: _____ TV Ad: _____ Nutcracker _____

Community Event Performance: _____ Woodland Mall Performance _____

TUITION PAYMENT OPTIONS

Please select your method of payment. **This section does not apply to 4 week series students.**

Direct Debit: Please make sure appropriate form is completed with the JDS office.

Monthly _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ #

Check, Credit Card, Cash:

Full Season: _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ #

WAIVER

_____ and _____ the parents of _____ do hereby represent to Julie's Dance Studio, Ltd. that their child is of sound health and has/have no history of a medical, physical, emotional condition which could in any shape, manner or form place the above-mentioned child at risk because of said condition. We hereby acknowledge that we/I have been informed by Julie's Dance Studio of the nature of the instruction and events that our child will participate in and that such involves physical exercise and stress. It is further fully understood that we/I hereby waive all claims and hold Julie's Dance Studio blameless for any such injury incurred during the course of instruction, event and/or performance. I/we also understand that I/we, or a responsible party designated by me/us, are responsible for chaperoning my child/children at every JDS performance, function, and event.

Parent/ Guardian Signature: _____ **Date:** _____

CONSENT

I hereby consent to the recording and broadcast of the production of my voice and likeness as part of advertising for Julie's Dance Studio, Ltd. I acknowledge that Julie's Dance Studio, Ltd., is the sole owner of all rights and recordings thereof, for all purposes; and that they have the right, among other things, to broadcast, advertising in brochures and other venues as they see fit. I understand I shall receive no compensation for my appearance and/or participation in the above mention. I represent that I am entering this agreement on behalf of my child(s) listed above.

Parent/ Guardian Signature: _____ **Date:** _____

INITIAL

To ensure the health and safety of our students, Julie's Dance Studio, Ltd. reserves the absolute right to refuse admittance to, and/or continued enrollment of the children of, anyone who is or appears to be under the influence of illegal substances or whose behavior, in our sole discretion, is otherwise disruptive.

Parent/Guardian Initial: _____ **Date:** _____

INITIAL

I have been given the JDS Student/Parent Handbook and understand it is my responsibility to familiarize myself and my child(s) with the policies and expectations contained within.

Parent/Guardian Initial: _____ **Date:** _____

PLEASE NOTE: We have a dress code! Please refer to your Student/Parent Handbook for dress code info.