



REGISTRATION FORM 20_____

**STUDENT INFORMATION
(PLEASE PRINT)**

STUDENT NAME: _____ DATE OF BIRTH: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

FATHER'S HOME PH. #: _____ MOTHER'S HOME PH. #: _____

FATHER'S CELL PHONE #: _____ (____) _____ MOTHER'S CELL PHONE #: _____

FATHER'S WORK PH#: _____ MOTHER'S WORK PH#: _____

PARENTS HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

CLASS INFORMATION

BALLET, TUMBLING & TAP : _____ (DAY & TIME) BALLET, PRE-JAZZ, & TAP: _____ (DAY & TIME)

LYRICAL, JAZZ & TAP : _____ (DAY & TIME) HIP HOP & JAZZ: _____ (DAY & TIME)

HIP HOP, JAZZ & TAP: _____ (DAY & TIME) HIP HOP, JAZZ & TAP(INTER): _____ (DAY & TIME)

BALLET, JAZZ & TAP: _____ (DAY & TIME) Tumbling : _____ (DAY & TIME)

FEES:

MONTHLY FEES: _____ RECITAL FEE: _____ REGISTRATION FEE: _____

EMERGENCY INFORMATION:

CONTACT NAME: _____ PHONE #: _____ RELATIONSHIP: _____

PARENT/GUARDIAN SIGNATURE: _____

REFUNDS

COSTUME DEPOSIT WILL BE REFUNDED, IF YOU WITHDRAW YOUR CHILD FROM DANCE PRIOR TO ORDERING COSTUMES. NO REFUNDS ON TUITION.

LATE FEES

- \$15.00 For dues paid after the 1st class of the month or by the 5th, whichever comes first.
- \$25.00 For returned checks for insufficient funds.

CHECK # _____

AMOUNT \$ _____



WAIVER AND RELEASE FORM

I, the undersigned, hereby acknowledge that I have voluntarily applied for the services of *Allthatjazz Dance Centre*, which are conducted at 8810 Beckett Rd., West Chester, OH 45069.

As lawful consideration for being permitted to participate in this program, I hereby agree that I, my heirs, distributes, guardians, legal representative, and assigns will not make a claim against, sue, attach the property or, prosecute Allthatjazz Dance Centre, or any of its member for any injuries or damage resulting to me, my child, or my property from the negligence or other acts, however caused, by any member, agent, employee, or contractor of *Allthatjazz Dance Centre*, as the result of my participation at this activity.

In addition, I hereby release and discharge Allthatjazz Dance Centre and its members from all actions, claims, or demands I, my heirs, distributes, guardians, legal representatives, or assigns now have or may have in the future have for injury or damage resulting from my participation in this activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND ALLTHATJAZZ DANCE CENTRE AND/OR ITS MEMBERS – AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Date: _____ Singature: _____

Child's Name: _____ Phone #: _____