



Registration Form

"Leaders in family-friendly Dance Education Excellence Since 1985"

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

Additional copies may be obtained on our website: www.juliesdancestudio.com

Dancer's Information:

Dancer's Name: _____ Age: _____ Birthdate: _____

School Grade in Fall: _____

Address: _____ City, State, Zip: _____

Primary Phone Number: _____ HOME or CELL (please circle)

Parent or Guardian Information:

Our correspondence is delivered via email. We want to keep you informed. Please print your email address legibly.

Parent/Guardian Name: _____ Cell: _____ Receive Texts? Y N

Address (if different): _____ City, State, Zip: _____

Email Address: _____

Parent/Guardian Name: _____ Cell: _____ Receive Texts? Y N

Address (if different): _____ City, State, Zip: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact #: _____ Relationship to Dancer: _____

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

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

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

Classes:

Day _____ Time _____ Teacher _____ Day _____ Time _____ Teacher _____

Day _____ Time _____ Teacher _____ Day _____ Time _____ Teacher _____

Day _____ Time _____ Teacher _____ Day _____ Time _____ Teacher _____

Day _____ Time _____ Teacher _____ Day _____ Time _____ Teacher _____

Tuition Payment Options:

Please select your method of payment. This section does not apply to 3, 4, 6, or 8 week series students.

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

Monthly \$ _____ Half Season: \$ _____

Check, Credit Card, Cash:

Monthly: \$ _____ Half Season: \$ _____ Full Season: \$ _____

How Did You Hear About Our Studio?

So that we can properly express our appreciation & track our advertising, please complete the following. Please circle all that apply:

Referral: _____ Flyer/Brochure Mall Walk-in Website Nutcracker Performance
Radio (which station?): _____ TV (which station?): _____ Newspaper (which paper?): _____
Community Event Performance: _____ Woodland Mall Performance: _____

WAIVER

_____ (parent name) and _____ (parent name), the parents of _____ (dancer name) 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 (or dancer signature if over 18 yrs. of age): _____ **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 any other venues in the universe 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 (or dancer signature if over 18 yrs. of age): _____ **Date:** _____

INITIAL AFTER READING THE FOLLOWING STATEMENTS

I understand the class I have selected for myself/my child may not be the class she/he/I is enrolled in. After assessment of myself/my child JDS has the right to move him/her/I into the class they feel are best.

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

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 or Dancer Initial: _____ **Date:** _____