

**And All That Jazz! PAC**  
**Student Audition Preparation Workshop**  
**REGISTRATION FORM – December 11, 2019**

QUESTIONS? CONTACT JILL – [andallthatjazzpac@yahoo.com](mailto:andallthatjazzpac@yahoo.com)

<b>STUDENT NAME:</b> _____		<b>PARENT/GUARDIAN NAMES:</b> _____		
<b>DATE OF BIRTH:</b> /        /		<b>ADDRESS:</b> _____		
<b>AGE:</b> _____		<b>CITY:</b> _____	<b>STATE:</b> _____	<b>ZIP:</b> _____
<b>HOME PHONE:</b> (    )    -		<b>E-MAIL ADDRESS 1:</b> _____		
<b>CELL PHONE:</b> (    )    -		<b>E-MAIL ADDRESS 2:</b> _____		
<b>EMERGENCY CONTACT NAME:</b> _____		<b>RELATIONSHIP:</b> _____	<b>EMERGENCY PHONE:</b> (    ) _____	

Does your child have any physical, medical or psychological conditions the staff should be aware of?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**Workshop Fee** ..... **\$50**

Parents/guardians of enrolled students must sign below, agreeing to the Waiver & Release, Refund & Cancellation Policy set forth by And All That Jazz! Performing Arts Center.

**REFUND & CANCELLATION POLICY:**

*\*\*Cancellations are subject to a \$25 Cancellation Fee*  
*\*\*Refunds will not be given after the workshop has begun.*

By signing below I, \_\_\_\_\_(Name), accept and agree to the Refund & Cancellation Policy of the Student Audition Preparation Workshop. I acknowledge that participation in this program is for educational purposes only and does not guarantee a role in any production. I understand that the Instructors at this workshop are not affiliated with casting for upcoming productions. I also hereby allow any videography or photography taken to be used for promotional or other purposes by And All That Jazz! I give my permission to And All That Jazz! Staff to call a person listed above, and an ambulance, in the event of an emergency. I recognize the risks of injury inherent in any dance exercise program. Participating in And All That Jazz! Program is upon the express agreement and understanding that I am waiving and releasing And All That Jazz! and all teaching staff from any and all claims, costs, liabilities, expenses, and judgments, including attorney fees and court costs, (herein collectivity "claims") arising out of participation in And All That Jazz instructional programs, performances and/or rehearsals, and any and all participation in any event or program given or sponsored by And All That Jazz!, or any illness or injury resulting from. I hereby, further agree to indemnify and hold harmless And All That Jazz! from and against any and all such claims.



**SIGNATURE of Student's Parent or Guardian:** \_\_\_\_\_ **Date:**        /        /

**PAYMENT INFORMATION**

**Amount:** \_\_\_\_\_

- Cash**
  - Check made payable to *And All That Jazz***
  - Credit Card payment online at: <https://squareup.com/store/and-all-that-jazz-pac>**
  - Credit Card:** select one:     Visa     MasterCard     American Express     Discover
- Card Number: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
 Card Expiration Date:        /               3 or 4-digit Security Code: \_\_\_\_\_

E-MAIL THIS FORM TO: [andallthatjazzpac@yahoo.com](mailto:andallthatjazzpac@yahoo.com)