

AND ALL THAT JAZZ! PAC 2020/2021 REGISTRATION FORM

Date of Registration _____

DANCERS:

1. Name _____ Age _____ DOB _____

2. Name _____ Age _____ DOB _____

3. Name _____ Age _____ DOB _____

PARENTS/RESPONSIBLE PARTY:

Name: Last _____ First _____ Relationship _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell _____ Work _____ Email _____

Name: Last _____ First _____ Relationship _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell _____ Work _____ Email _____

EMERGENCY CONTACT: Name: _____ Relationship _____

Home Phone _____ Cell _____ Work _____

CLASS REGISTRATION:

Dancer #1			Dancer #2			Dancer #3		
CLASS	DAY	TIME	CLASS	DAY	TIME	CLASS	DAY	TIME
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Sign on Reverse Side

WAIVER AND RELEASE

I, (Parent Name)_____ 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 the AND ALL THAT JAZZ! program is dependent 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, judgments, including attorney fees and court costs, (herein collectively "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! for 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.

I also give permission for AND ALL THAT JAZZ! to use any photos or videography taken of students in the studio or during performances for promotional or other purposes.

Parent Signature_____ Date_____

Reminder: All tuition is due on the first class of each month. If paid after the 10th of the month, there will be a \$15.00 late fee assessed. Tuition and fees are non-refundable.

CREDIT/DEBIT CARD INFORMATION

Type of card (Circle One): VISA MASTERCARD AMEX DISCOVER

Cardholder Name_____ Card Number_____

Expiration Date_____ Security Code_____

Billing Address (on card)_____

City, State, Zip Code_____

Email_____ Phone #_____

I, _____ authorize And All That Jazz! PAC to charge my credit/debit card for monthly tuition payment on the first of each month.

YES _____ NO _____

Signature_____ Date_____