

Special Occasion Dances

ALL THAT JAZZ 2021-2022

1239 W Ritner Street Phila., PA 19148 / (215) 468-3485

allthatjazzphilly@gmail.com / www.allthatjazzdancephilly.com

Each participant must fill out this form and the registration form below for Special Occasion Dances.

TYPE OF OCCASION: _____

DATE OF OCCASION: _____

NUMBER OF PARTICIPANTS: _____

TYPE OF DANCE: _____

SONG/SONGS: _____

DAYS/TIMES AVAILABLE: _____

YOU MUST CALL OR EMAIL if you are not attending your lesson. You must pay for classes missed.

We will send emails for important information and updates. If the studio is closed due to inclement weather an email will be sent. **Please check and update your email.**

PAYMENT MUST BE MADE IN FULL PRIOR TO LESSONS!!

CASH ONLY NO REFUNDS

DATES THE STUDIO WILL BE CLOSED

COLUMBUS DAY: October 11th

THANKSGIVING: November 24th – 27th

CHRISTMAS: December 23rd – January 2nd

MARTIN LUTHER KING: January 17th

PRESIDENT'S DAY: February 21st

EASTER: April 14th – 17th

Rules for the Studio

- **COVID restrictions will vary in accordance with updated guidelines. We will keep you updated. If you are vaccinated, please show your Vaccination card on your first lesson.**
- Be prompt for class.
- Take all belongings with you when you leave.
- Come dressed for class so you only have to change your shoes once you enter the dance studio.
- Shoes that have been worn outside on the street may not be worn on the dance floors.
- Water only is permitted in the dance rooms.
- Take corrections as a learning experience.
- Please practice what you've learned from the previous lessons.
- Call or email if you are not attending class.

All That Jazz Dance Studio

AllThatJazzPhilly@gmail.com

Student Name: _____ DOB: _____

Address: _____ City/State/Zip: _____

Parents Name(s): _____ Cell Phone: _____

Email: _____

Emergency Contact Name: _____ Cell Phone: _____

Experience: _____ School: _____

Waiver, Release and Indemnity:

In consideration of the acceptance of my application to receive instruction and/or participate in activities and/or programs sponsored by or conducted upon the premises of All That Jazz.

1. I hereby agree to comply with all the rules and regulations and instructions of All That Jazz, its agents, employees and representatives.
2. For myself, my heirs, executors, administrators, distributees, successors and assigns, I hereby:
 - a. Acknowledge that all types of dance and dance instruction carry with it certain known and unknown risks and dangers which could result in physical injury to myself and/or others, and that by participating in dance and/or dance instruction, I am assuming all such risks;
 - b. Waive and release any and all claims I may have at any time against All That Jazz, its officers, directors, shareholders, agents, employees, and representatives, and their respective heirs, executors, administrators, distributees, successors and assigns (hereinafter collectively referred to as "Releasee");
 - c. Release and discharge Releasee, from any and all liability, actions, claims, damage, costs and legal fees resulting from my instruction and/or participation in activities sponsored by or conducted upon the premises of All That Jazz; and
 - d. Indemnify and hold harmless Releasee against any such claim I or any guest of mine or any one of my or their executors, administrators, distributees, successors and assigns may have or assert against Releasee, and against any costs including attorney's fees with respect thereto.
3. I acknowledge that I have sole responsibility for my personal possessions and equipment used during any instruction or event conducted by or on behalf of All That Jazz and shall hold All That Jazz harmless from any responsibility for loss, damage or theft of same.
 - a. ATJ is not responsible for any belongings left at the studio for more than 60 days, including costumes.
4. I hereby attest and verify that I am physically fit and able to engage in the activities contemplated herein, and that my physical condition has been verified by a licensed medical doctor.
5. By signing this waiver, I give permission to All That Jazz, at its sole discretion, to obtain medical care for the student at a facility of its choosing. I agree that any medical expense incurred will be paid in full, by the client, to the medical facility.
6. I hereby grant full permission and authority to All That Jazz to use for any legitimate purpose and without payment or compensation, any photographs, video, motion pictures, sound recordings of any instruction or event in which I am involved which depicts my person.
7. By signing this waiver, I attest to pay weekly by cash or check only or late fees will apply. Costumes are non-refundable.
8. My signature below signifies that I have been given and have read the All That Jazz studio policy and agree to adhere to its contents.
9. I hereby certify that I am eighteen (18) years of age or older. (In the event that the application is under the age of eighteen (18) years, the parent's or guardian's signature below is an acceptance of all terms of conditions set forth above.) I have read this document, and I understand its contents. This signed form will be for the duration at All That Jazz.

ADULT OR PARENT SIGNATURE

PRINT NAME

DATE