

REGISTRATION FORM

REGISTRATION FEE \$25/ STUDENT OR \$40/FAMILY
FILL OUT FORM AND SEND WITH CHECK MADE PAYABLE TO:

JUMP DANCE CENTER
139 WOLFS LANE
PELHAM, NY 10803
914-738-5277

PLACE CUT ALONG DOTTED LINE, RETURN FORM WITH SIGNATURE **AND A CHECK PAYABLE TO JUMP DANCE CENTER**

Dancers Name: _____ Birth date: _____

Parent/ Guardian Name(s): _____

Address: _____

Home Phone: _____

Parent / Guardian Call Phone(s): _____

Parent/ Guardian Email Address: _____

Class/ Style _____ Day & Time _____

Teacher _____

Class/ Style _____ Day & Time _____

Teacher _____

Class/ Style _____ Day & Time _____

Teacher _____

Class/ Style _____ Day & Time _____

Teacher _____

Class/ Style _____ Day & Time _____

Teacher _____

* NO REFUNDS AFTER THE SECOND CLASS

**LATE-FEE-\$15.00/MONTH

***ONCE COSTUMES ARE ORDERED (DECEMBER 1ST) I, THE PARENT/GUARDIAN OF _____ AM FULLY RESPONSIBLE FOR ALL COSTUME AND TUITION FEES/PAYMENTS FOR THE FULL DANCE YEAR.

Parent Guardian Signature: _____ Date: _____

THE UNDERSIGNED HEREBY: 1) ACKNOWLEDGES THAT DANCING IS A PHYSICAL ACTIVITY WHICH INVOLVES CERTAIN RISKS 2) ASSUMES THE RISKS OF PARTICIPATING IN J.D.C. CLASSES 3) HEREBY IRREVOCABLY RELEASES J.D.C. AND IT'S EMPLOYEES, AGENTS, OFFICERS, DIRECTORS, SHAREHOLDERS, SUCCESSORS AND ASSIGNS FROM ANY AND ALL LIABILITY OF ANY TYPE OF NATURE ARISING OUT OF MY CHILDS PARTICIPATION IN CLASSES OR SIMILAR ACTIVITIES OR FROM FOLLOWING INSTRUCTIONS OF J.D.C. EMPLOYEES OR AGENTS AND ALLOW JUMP DANCE CENTER TO USE ANY PHOTOS TAKEN OF MY CHILD FOR PUBLICITY ON PRINT AND J.D.C. WEBSITE. NAMES WILL NOT BE RELEASED.

Parent/ Guardian Signature: _____ Date: _____