



**Registration Form**

**Summer Office Hours: Mon.-Thurs. 3:30-6:00 (July 9-August 31)**

**Mail-in Registration or come in during summer office hours**

Dancers Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents Name \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **(Must Have)**

Dancers Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please Sign this waiver. Dancer may not participate without signed waiver.**

I hereby agree to indemnify and hold Jazz n Taps Dance Studio, its owners and employees and any community organization cosponsoring the program from and against any and all liability for any injury which may be suffered by me or my child, Arising out of or in any way connected with participation in the Dance program named above. My signature below indicates that I am aware of and understand how this Dance program will be conducted.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registering for Class Date & Time:**

Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Registration Fee \$ 25.00 (per family)

First Months Tuition \$ \_\_\_\_\_

Total Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_