

**2011-2012 Registration**

Please call 925-484-0678 or email [dance@jazzntaps.com](mailto:dance@jazzntaps.com)

Summer Office Hours: Mon.-Thur. 4:30-6:30

Sept. 6 – June Office Hours: Mon.-Fri. 3:30-6:30, Sat. 9:30-12:00



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

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

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

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

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

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**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 or property loss sustained by participant or his/her family arising out of or in any way connected with participation in the Dance program named above.

Consent: I so hereby grant authority to the staff at Jazz n Taps Dance Studio to render a judgment concerning medical assistance for my child in the event of an accident or illness during dance class or Jazz n Taps dance related activity. I also do hereby authorize Jazz n Taps Dance Studio and its assigns to utilize any and all photographs or film as they deem appropriate in its promotional materials or dance films.

My signature below indicates that I am aware of and understand how this Dance program will be conducted.

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

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**Registering for Class Date & Time:**

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

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