

Jody's School of Dancing

Please print all the information required below. Please bring this to the studio or mail it along with the appropriate registration fees, first month's tuition and costume fees.

Name: _____

Street: _____

City: _____ Zip Code: _____

Phone: _____ Child's Birth date: _____ Age: _____

Physical Restrictions: _____

Emergency Contact: _____ Phone: _____

Mother's Name: _____ Home Phone: _____ Work: _____

Cell Phone: _____ E-mail Address: _____

Father's Name: _____ Home Phone: _____ Work: _____

Cell Phone: _____ E-mail Address: _____

Classes enrolled for (please circle classes of your choice):

Pre-ballet Ballet Pre-tap Tap

Jazz Pointe Acrobatics

Hip-hop Adult Lyrical

Other _____

Liability Disclaimer:

Jody's School of Dancing and its teachers are not liable for any personal injury, loss or damage to personal property. Please inform your instructor of any physical limitations you may have. Students should decline to participate in any activity which could be harmful.

Picture/Video Release: I hereby give permission for images of my child, captured during regular classes, rehearsals, performances and special activities through video & photo, to be used solely for the purposes of promotional material, newsletters, websites, and publications and waive any rights of compensation or ownership thereto.

Signature of Parent or Guardian: _____

How did you hear about us? _____