



JUST DANCE TOO, Performing Arts Dance Company, LLC

REGISTRATION FORM

PERSONAL INFO (Please list all current information-ONLY)

Last Name _____ First Name _____ Middle _____ Returning Student []
Age _____ Date of Birth ____/____/____ School/Grade _____
Address _____ Apartment # _____ City _____ State _____ Zip _____
Phone _____ Alternate # _____ Email: _____

Dance Experience: Yes [] No [] If yes, Explain:

TERM AND YEAR ENROLLMENT DESIRED:

**Summer: June –August Fall/Winter: Sept–December Winter/Spring: Jan-May

REGISTRATION INFO: Do you plan to audition for company member at JUST DANCE TOO, Performing Arts Dance Company? Yes [] No []

MEDICAL HISTORY AND BACKGROUND

Please take the time to summarize any illnesses and/or injuries that you have, may have or have had in the past. This section is very important. You will not be discriminated against due to a sickness; however, you must provide consent from a physician in order to continue in class as it may jeopardize your health, safety and physical ability.

MEDICAL CONDITIONS, IF ANY:

Physician's Name _____ Address _____ Phone _____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Alt Phone # _____ Employer _____

NAMES OF FAMILY MEMBERS WHO ARE AUTHORIZED FOR PICK-UP:



JUST DANCE TOO, Performing Arts Dance Company, LLC

Student and parent/guardian agreement (please thoroughly read before signing).

As additional consideration for the student's instruction, the undersigned student, parent(s) or guardian of the student hereby releases and waives any and all claims against *Just Dance Too, Performing Arts Dance Company, LLC*, any and all of its employees, contractors and volunteers for any liability including but not limited to personal bodily injuries (including death) and loss of or damage to property of the student or persons related to the student which may occur while participating in the activities sponsored by, or in the physical building or presence of *Just Dance Too, Performing Arts Dance Company, LLC* and/or any facility that may be in use of *Just Dance Too, Performing Arts Dance Company, LLC*. The undersigned represents that the student is in good health and does not have any history of a medical or physical condition (unless specified above) that would place the student at risk because of his/her condition. The undersigned further acknowledges that the student's instruction involves physical exercise and physical stress that could result in physical injury of the student, that the student's participation in voluntary and that the undersigned accepts all risk arising there from.

Waiver Consent: The information contained in this application/registration form is true and accurate to the best of my knowledge. By signing this for, I agree to the rules and regulations of *Just Dance Too, Performing Arts Dance Company, LLC* , I hereby consent and authorize *Just Dance Too, Performing Arts Dance Company, LLC* photograph and or video tape me, together with any subject matter owned by me and authorize *Just Dance Too, Performing Arts Dance Company, LLC* to use such photographs (including sound, motion pictures and/or any other form of picture recording, radio, television, or print media) for all purposes which it deems appropriate. I Do [] or Do Not [] authorize *Just Dance Too, Performing Arts Dance Company, LLC* to release information to the public which it deems appropriate for publicity purposes. I hereby release *Just Dance Too, Performing Arts Dance Company, LLC Center* from any and all claims for damages, libel, and slander, invasion of privacy or for any other claim based on the use of said material.

I, _____, Parent/Guardian of _____, have completely read and understood the above agreement.

Parent Signature

Date



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Summer Camp Dance Attire

- Black Short Sleeve Leotard
- Black Convertible Tights
- Black Jazz Shorts
- Black Jazz Shoes
- Black Ballet Shoes
- No Jewelry
- No Make-up
- Hair must be pulled away from the face
- Camp T-Shirt