



JUST DANCE TOO, Performing Arts Dance Company,

REGISTRATION FORM

PERSONAL INFO (Please list all current information-ONLY)

Last Name _____ First Name _____ Middle _____ Returning _____

Gender: Male Female 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: Full Time Trainee Part Time Trainee Privates

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:



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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* 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* and/or any facility that may be in use of *Just Dance Too Performing Arts Dance Company*. 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 is 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*, I hereby consent and authorize *Just Dance Too Performing Arts Dance Company* photograph and or video tape me, together with any subject matter owned by me and authorize *Just Dance Too Performing Arts Dance Company* 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* to release information to the public which it deems appropriate for publicity purposes. I hereby release *Just Dance Too Performing Arts Dance Company, LLC* 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.

MEMBERSHIP FINANCIAL RESPONSIBILITY: (PARENT INITIAL)

Tuition is based on a month to month billing cycle. MONTHLY FEES are payable by the 5th of every Month and are delinquent after that date (\$10 late fee applies for each additional day late).

Payments are accepted through Zelle _____ (Initial)

*Fundraising is asked of all members of Just Dance Too. Fundraising will include Scratch Offs, Yard Sales, etc. Fundraising will support the mission of *JDT* and is greatly appreciated. ____ (Initial)

*\$60 Registration is required of all dancers as part of membership with *SJD* and *JDT*.

Registration must be renewed seasonally. _____ (Initial)

30 Day Written Notice to the Artistic Directors is required for termination or modification of commitment. Financial obligation will continue for 30 days after notification received. ____ (Initial)

Leave of Absence requires a \$50 reinstatement fee. _____ (Initial)



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MEMBERSHIP RULES AND REQUIREMENTS: (STUDENT INITIAL)

***Tardiness and Absences:** Dancers must call or personally inform the teacher if they will be arriving late, leaving early or unable to attend classes. Dancers are responsible for missed lesson and/or choreography. Fees are not reduced for absences. _____ (Initial)

***Class Uniform:** Each student will be issued 2 Black Company Leotards, 2 Black Company Jazz Shorts and 1 Ballet Skirt (\$120). Students are responsible for purchasing their own black dance tights (No holes or runs). Absolutely No other dance attire will be allowed in class. Hair must be pulled neatly away from the face in a ponytail or bun. Absolutely No jewelry worn in class. Cells phones are not permitted in class and must be turned off once you enter the building. Dancers are also required to purchase company sweat suit (\$90) and duffle/garment bag (\$55); Dancers will not be permitted to perform and /or travel if not purchased. _____ (Initial)

Behavior: Members will respect their fellow dancers, teachers and directors. All decisions made by the teachers and directors are binding. While representing Simone's Just Dance and/or Just Dance Too, members will be expected to conduct themselves with proper etiquette. Members are not allowed to share or discuss SJD, JDT and/or other organization's information; This includes: choreography, routines, class schedule, performances, business etc. _____ (Initial)

I, _____, (Student) have completely read and understood the above agreement.

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

Parent Signature

Date

Student Signature

Date