

**DANCIN J'S STUDIO  
1159 BROWNSTOWN ROAD  
LARIMER, PA 15647  
(724) 515-5064**

**REGISTRATION FORM**

**DANCER'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**YEARS OF DANCE EXPERIENCE:** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

**CHECK  WHICH DANCE CLASSES YOU WOULD LIKE TO TAKE:**

INTRO TO DANCE	TECHNIQUE	TAP	JAZZ	BALLET	POINTE	HIP HOP

**[THIS PORTION TO BE COMPLETED BY STUDIO]**

**TOTAL TIME FOR CLASSES:** \_\_\_\_\_

**COMPETITION:**

SOLO - \$ _____	DUET - \$ _____ (\$ _____ each)	TRIO - \$ _____ (\$ _____ each)
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**TOTAL AMOUNT OWED PER MONTH:**      \$ \_\_\_\_\_

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
Amt. Pd.	Amt. Pd.	Amt. Pd.	Amt. Pd.	Amt. Pd.	Amt. Pd.	Amt. Pd.	Amt. Pd.	Amt. Pd.	Amt. Pd.
Check No.	Check No.	Check No.	Check No.	Check No.	Check No.	Check No.	Check No.	Check No.	Check No.
Cash _____	Cash _____	Cash _____	Cash _____	Cash _____	Cash _____	Cash _____	Cash _____	Cash _____	Cash _____

**SUMMER WORKSHOP - \$ \_\_\_\_\_**

**PUBLICITY RELEASE FORM**

In order to publish your child's name and/or picture/video on the website, in newspaper articles, or any other type of publicity media, we must have your permission. Please sign below to give Dancin J's Studio permission to publish your child's name and/or picture/video for publicity in these media types or any of its sponsored publications.

\_\_\_\_\_   
 Student's Name

\_\_\_\_\_   
 Parent/Guardian Signature

Date: \_\_\_\_\_

**RELEASE OF CLAIMS**

I, \_\_\_\_\_, am aware that dancing and/or aerobic activity and the physical movement associated with it places stress on the body and carries with it the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my behalf), I assume the risk and agree that Dancin J's Studio shall not be liable in any way for injuries sustained during attendance at Dancin J's Studio or any of its related functions, and its successors and its assignees, for all personal injuries caused by, or arising from, the above described activities or any activities related thereto.

I have read this release of claims and understand all of its terms. I execute it voluntarily and with knowledge of its significance.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent and/or guardian of:

\_\_\_\_\_