



# JoAnn's Academy of Dance

at Patrizio Center for the Arts

## Class Registration

2017-2018 School Year

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

E-mail address (required) \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Allergies or Health Concerns \_\_\_\_\_

Type of Class

Preschool  Tap  Jazz  Ballet  Pointe  Lyrical  Hip/Hop  Adult

**Liability and Program Waiver:** I have applied for enrollment of my child at JoAnn's Academy of Dance and have thoroughly read their policies and agree to abide by studio rules and policies as outlined on the policy sheet of the studio. I have made the studio aware of any health concerns, disabilities or other pertinent issues that pertain to my child's education. I understand tuition is non-refundable and non-transferable. I release all owners, administrators, instructors or participants of any claims, actions or suits which could result from accidents or injuries while enrolled in classes at JoAnn's Academy of Dance, including the Patrizio Center for the Arts. I have read the above release and waiver of liability and fully understand its contents.

I voluntarily agree to the terms and conditions stated above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_