



JAM 2019 SUMMER REGISTRATION

New Student

Current Student (Fill out name Only of part A)

A. Students last name: _____ First name: _____

Age: _____ DOB: _____ Gender: _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Last Name: _____ First Name _____ Relationship: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____

Signature of parent/guardian _____ Date _____

AGREEMENT FOR PARTICIPATION AND TREATMENT OF MINOR INJURIES:

This signature is required for participation of all minor children. By signing this form, the parent or guardian consents to the minor's participation in all JAM Dance Academy, LLC activities and treatment of any sort deemed necessary by the proper supervisors for any illness or injury resulting from minor's participation in all activities.

Signature of parent/guardian _____ Date _____

PART I OR II MUST BE COMPLETED PRIOR TO ENROLLMENT

PART I – TO GRANT CONSENT AND RELEASE OF INFORMATION

I hereby give consent for the following medical care providers to be called in the event of a medical emergency:

Doctor: _____ phone# _____

Dentist: _____ phone# _____

Medical Specialist: _____ phone# _____

In the event reasonable attempts to contact my emergency contact and/or me have been unsuccessful, I hereby give my consent for the administration of any medical treatment deemed necessary by above named doctor/dentist, or in the event the designated preferred practitioner is not available, by another licensed doctor/dentist and the transfer of myself and/or my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians/dentists, concerning the necessity for such surgery, are obtained prior to the performance of such surgery.

List any allergies, medications currently taking or physical impairments: _____

Signature of parent/guardian _____ Date _____

PART II-REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment for my minor child. In the event of illness or injury requiring emergency treatment, I with the following action to be taken: _____

Signature of parent/guardian _____ Date _____

CLASS ENROLLMENT – PLEASE CHECK YOUR PREFERENCE

July 15-August 8, 2019

PLEASE CIRCLE ALL CLASSES TO BE TAKEN

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
Little Jammers Ages 3-4 5:30pm-6pm (Max of 12 Students) \$50	Intermediate Ballet (Ballet III / IV) 5:00pm-6:15pm \$70	Advanced Pointe 5:00pm-6:00pm \$50	*Baby JAM, 0-2 years Caretaker and baby class 10am-10:30am \$50
Pre-Ballet Ages 5-7 6:00pm-6:45pm \$65	Beginning Pointe 6:15pm-7:15pm \$50	Advanced Ballet 6:00pm-7:30pm \$75	Ballet I/II Ages 8-10 5:00pm-6:15pm \$70
	Intermediate Contemporary 7:15pm-8:30pm \$70 *Ballet is a prerequisite for this class	Advanced Contemporary 7:30pm-9:00pm \$75 *Ballet is a prerequisite for this class	Children's Beginning Jazz 6:15pm-7:15pm \$50
*BABY JAM CLASSES: PLEASE BRING YOUR OWN YOGA BALL TO CLASS			ONE DAY HIP HOP INTENSIVE WITH BRANDI TUCKER Intermediate/ Advanced Students July 18 th , 7:15pm-8:30pm \$30

Class 1 Total: _____

Class 2 Total: _____

Class 3 Total: _____

Total Amount to be Paid: \$_____ *JAM Dance Academy cannot pro-rate for any classes/weeks missed.

Cash: Check: Please make checks payable to JAM Dance Academy

CC# _____

CVC Code: _____ EXP DATE: _____

A 3% convenience fee will be posted for credit card charges. INL: _____

No refunds will be given. _____ INITIAL

***We must have a minimum of 5 children for each class. You may be asked to move to a different camp due to attendance.**

Photo Release

I hereby give JAM Dance Academy permission to use any photos and/or videos for advertising, website, or other media outlets. Students names are not posted.

Yes I give my permission No, I do not give my permission

Signature of parent/guardian _____ Date _____

office use only: Date Paid: _____ int _____