



# ADULT FITNESS SESSION II January

Students last name: \_\_\_\_\_ First name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BILLING Contact #1** Last Name: \_\_\_\_\_ FirstName \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**CONTACT EMAIL (billing & info.):** \_\_\_\_\_

**Information Contact #2**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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 Student 18 & Up \_\_\_\_\_ Date \_\_\_\_\_

**PART II-REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment for myself. Please contact me immediately.

Signature of Student 18 & Up \_\_\_\_\_ Date \_\_\_\_\_

**2020 Session Dates – All Classes are held on Thursdays, 8:30pm-9:30pm**

January 7-February 13

**Pricing per 6 Week session**

\$75.00 per person

Payments can be mailed to JAM Dance Academy, 35100 Center Ridge Road, North Ridgeville, 44039

**No refunds will be given if student does not attend all classes. Payments must be received 7 Days prior to the start of each session.**

**Total Due:**\$ \_\_\_\_\_

Cash

Check

CREDIT CARD PAYMENT: PLEASE PRINT LEGIBLY

CC # \_\_\_\_\_

CVC CODE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

I AUTHORIZE THE 3% CONVENIENCE FEE FOR THIS CHARGE: X \_\_\_\_\_ INITIAL

Payments can be made in the form of a check, cash or credit card. A \$30.00 charge will be assessed for any returned checks. Should a credit card decline, you will need to make your payment with another form of currency. Late fee will still apply if not paid. Checks may be made payable to **JAM Dance Academy. X \_\_\_\_\_ INITIAL**

Missed classes will not be refunded.

**No refunds/credits will be given. X \_\_\_\_\_ INITIAL**

**Attire**

Anything comfortable for you that you can move in. Street shoes are NOT permitted on the studio dance floor. Any type of dance tennis shoe or street tennis shoe that is only worn for class. Hair up and off of face. Please bring your own Yoga Ball.

**Photo Release**

I hereby give JAM Dance Academy permission to use any photos and/or videos for advertising, website, or other media outlets. We will not post you in an unsettling light!

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

**Signature of student 18 & Up** \_\_\_\_\_ **Date** \_\_\_\_\_

**office use only:**Date Paid: \_\_\_\_\_